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ABSTRACT

This publication presents data and descriptive information on the status of poor children and families in Milwaukee (Wisconsin). The analysis of the information suggests that the children are poor because their families are poor and that only providing their families with adequate employment and family supports will lift these children out of the damaging cycle of poverty. The report groups information by age range in childhood: before birth, birth to 3 years, 3 to 5 years, 6 to 12 years, and 13 to 18 years. The following are among the report's findings: (1) Milwaukee County has seen a 21 percent increase in infants weighing less than 1,500 grams; (2) the rate of calls for baby formula to a telephone referral service has increased by 38 percent; (3) between 1980 and 1990, there has been a 225 percent increase in the number of reports of child abuse and child neglect; (4) 60 percent of children affected by lead poisoning reside in the Central City; (5) only 40 to 45 percent of 9th-grade students will finish high school; and (6) Milwaukee ranked fifth in the number of births to black teenagers. An appendix offers information on state, local, and national trends. Contains 147 references. (JB)

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SOCIAL DEVELOPMENT COMMISSION
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Children in Poverty:
The State of Milwaukee's Children

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Children in Poverty:

The State of Milwaukee's Children

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EXECUTIVE SUMMARY

We see the images of sad, hungry children, living in run down houses. These images evoke a great deal of sympathy from the public. Yet we often forget a fundamental fact: these children are part of poor families, and the well-being of these children is totally dependent upon the ability of their family to provide for them. Lack of support for families in conjunction with national economic and employment trends has resulted in a growing inability of parents to provide for their children. The result is a dramatic number of families falling into the trap of poverty.

Children have paid the highest price for the changing fortunes of their families. **Nationally, 13.4 million children lived in poverty in 1991.** The economic well being of Wisconsin children dropped sharply in the last decade. **Wisconsin's rate of childhood poverty fell from the fifth best state in the nation in 1980, to the twenty - second best state in 1990. In the City of Milwaukee, 38% of children under age 18 lived in poverty** (63,223). **African-American children** have paid a particularly dear price. **In 1989, 3 out of 5 children under age 6 in Milwaukee,** lived in poverty.

What does it mean to be a poor child in Milwaukee:

➡ Before birth, inadequate prenatal care is a serious problem for Milwaukee mothers. In 1990, **only 35% of mothers who gave birth at Sinai Samaritan, received 10 or more checkups.**

➡ Low birth weight has been labelled as the *"single, most serious infant health problem"* (Children's Defense Fund). **Milwaukee County has seen a 21% increase in infants weighing less than 1,500 grams** (average of 3 1/4 pounds at birth).

➡ Adequate nutritional food is often lacking. The rate of calls for emergency food to First Call for Help, a telephone referral service operated by the Social Development Commission, did not increase between 1989 and 1990. However, **calls for baby formula increased by 38%.**

➡ The Executive Director of the Child Welfare League of America believes there is a. *'direct correlation between hard economic times and child abuse.'* **Between 1980 and 1990, there was a 225% increase in the number of reports of abuse and neglect.**

➡ Children who are abused and neglected must often be placed in substitute care. The number of children in foster care has grown considerably over the last five years. In 1986, one day counts **revealed 920 children in foster care that number more than doubled in 1991, to 1,924 youth.**

➡ The Milwaukee Health Department estimated in September of 1991 that **60% of children affected by lead poisoning reside in the Central City.** In certain central city neighborhoods (Metcalfe Park), **lead paint exposure is a threat in as many as 80% of all neighborhood homes.**

➡ Students in Milwaukee Public Schools continue to flounder educationally, with climbing and unacceptably high dropout rates for all students, particularly minority dropout rates. **Only 40% - 45% of 9th grade students will eventually finish high-school.**

➡ In 1990, **Milwaukee ranked fifth in the number of births to black teenagers** according to a Children's Defense Fund study.

➡ Several **serious juvenile crimes have tripled between 1987 and 1991.** According to Milwaukee County Children's Court, murder charges, burglary and auto theft have all seen dramatic increases.

➡ Gang activity, and the underground economy have become an entrenched and **increasingly attractive option for adolescents, particularly African American males, who feel disenfranchised by mainstream society.**

The slow but sure **disintegration of hopes and dreams** is an unquantifiable but very real result of growing up in poverty. The implications of allowing a generation of youth to grow up impoverished are very clear - multiple and complex personal, social and economic tragedies. The problems of poverty are cumulative. Many children go to bed hungry at night, unable to effectively learn in an educational setting. Ineffective education, compounded by other obstacles of poverty, puts children at an increased risk of growing

into an adult who cannot contribute to the cultural, economic and social legacy of their generation. Millions of unproductive adults means an unproductive, uncompetitive American economy.

Creative and effective solutions must be identified and pursued to pull growing numbers of families out of the devastating predicament of poverty. Milwaukee will pay for its children, now or later. **The longer we wait, the more we will pay.** Beyond the economic price tag, the emotional, psychological, human and social costs are staggering. This report is intended to provide a wake up call to public officials, the community, and individuals. It is simply not cost effective to delay action any longer.

Empowering families to care for their own children is the central, critically important strategy for assisting poor children. This requires economic empowerment, helping individuals by providing family sustaining jobs, and increasing wages that provide income that really supports families. We must also provide supportive services, health insurance and quality and affordable child care. Parents should be able to work, and not fear that they will lose health benefits, or place their child in an overcrowded or unsafe child care facility.

Embracing all children, not just our own, as a precious, endangered resources, is a necessary step in the right direction. We should accept nothing less than positive growth and development for all <u>our</u> children.

INTRODUCTION

Childhood Poverty in the United States, Wisconsin and Milwaukee

Millions of American children and their families must daily face the challenges of living their lives in poverty, struggling and often unable to access the resources critically important for healthy growth and development. Estimates range on the exact numbers of children in poverty. The United States Census Bureau announced that **11 million children were below the poverty threshold in 1989** (defined as less than $12,675 for a family of four, and less than $9,885 for a family of three). A more recent national measure utilized by the Children's Defense Fund, the Current Population Survey, found that **by 1991, 13.4 million children were living in poverty.** (Children's Defense Fund, 1992)

Wisconsin has seen a dramatic increase in the number of children living in poverty as measured by the 1980 and 1990 United States Census. **The economic well being of Wisconsin children dropped sharply in the last decade. Wisconsin fell from the fifth best state in the nation in 1980, to the twenty second-best state in 1990** when **184,427** children in Wisconsin under age 18 were defined as living in poverty. **Three (3) out of five (5) African American children under age six (6) in Wisconsin lived in poverty, the highest rate in the nation.** The poverty rate for all African American children was an astonishing 55.8%, the **second** highest in the nation, behind Louisiana. The percentage of children living in poverty for other racial and ethnic groups was also very disturbing; **49% of Asian children - the highest in the nation**, 34% of Hispanic children, 46% of American Indians, and 10% of white children lived below the poverty line. (Children's Defense Fund, 1992, 1990 United States Census)

This report will focus on the City of **Milwaukee's 63,223 children** living in poverty - **fully 38% of the child population.** (1990 United States Census) 95% of Milwaukee County's poor children reside within the City limits. The number of Milwaukee children living in poverty in 1990 was almost double the number of children in poverty in 1980. (1990 U.S. Census)

This analysis will support the conclusion that these children are poor because their families are poor. Only by providing their families with adequate employment and family supports will Wisconsin be able to lift its children out of the damaging cycle of poverty.

Children growing up in families with fewer resources to meet their needs are presented with a series of obstacles to the success that all parents wish for their children. *While many people appear to empathize with the plight of poor children, they do not share that same concern for their low income parents. Until there is a consensus that the fundamental way to help children is to help their families, public policy will never address the basic needs of children in poverty.*

What does it mean to be a poor child in America? On the most basic level it means people going without the necessities of life - food, shelter and health care. A poor child is at greater risk of:

- being born underweight and suffering more infant and childhood illness;
- lifetime complications of inadequate prenatal and early childhood care, such as mental retardation, developmental delays and disabilities;
- not surviving until their first birthday;
- dying of a curable disease because of lack of medical attention;
- experiencing chronic hunger;
- being undernourished;
- being the victim of abuse and neglect;
- spending time in foster care;

A poor child is a member of a poor family.

- spending part of their childhood without a home;
- having difficulty learning in school;
- living in a dangerous neighborhood;
- becoming involved in delinquent behavior;
- not achieving in school;
- not completing high school;
- becoming a teenage parent;
- dying a violent and untimely death; and,
- spending their entire life in poverty.

How many and what kind of people go without basic necessities and suffer numerous ill affects as a result of poverty, dramatically illustrates the level of need of America's children and their families:

- Every 35 seconds, an infant is born into poverty. (Children's Defense Fund, The State of America's Children, 1991)
- One child will die every fifty three minutes because of the effects of poverty; including the inability to afford food to nourish a child, inability to secure safe and decent housing and inability to secure medical care. (Children's Defense Fund, The State of America's Children, 1991)
- In 1989, The United States ranked 22nd in the world in the rate of infant mortality (infant deaths per 1,000 live births). (Milwaukee Sentinel, 5/29/91, Children's Defense Fund)
- African American infants fare even worse. The ranking for infant mortality for African American infants is 26th behind such countries as Cuba and Bulgaria. (Children's Defense Fund, The State of America's Children, 1991)
- The United States ranks 29th in the number of low birth weight babies, behind Jordan and Portugal. (Children's Defense Fund, An Opinion Makers Guide to Children in Election Year 1992)
- In 1989, 1 in 10 infants in the United States (approximately 40,000) died before their first birthday as a result of inadequate prenatal care. (Children's Defense Fund, An Opinion Makers Guide to Children in Election Year 1992)
- Approximately 36 out of every 100 children living in two parent young families are below the poverty line. **This is nearly 50% higher than a decade ago.** (Children's Defense Fund, The State of America's Children, 1991)
- The poorest segment of American children are those under the age of six. The poverty rate for this age group is 23%. African Americans have the highest rate of poverty in this group, where 50% or **one in two** infants under the age of 6 are poor. For other races, the poverty rates are 40% for Hispanic children, 14% for white children and 24% for all other minority children (Asian, American Indian and others). (National Center for Children in Poverty, "Five Million Children, An Update", December, 1991)
- One out of every four homeless Americans is a child. (Children's Defense Fund, State of Americas Children, 1991)
- 500,000 children are chronically hungry and an estimated 800,000 are at risk of being hungry. (Community Childhood Hunger Identification Project - CCHIP, Food Research Action Committee - FRAC study, Executive Summary March, 1991)

A poor child is a member of a poor family.

- Children under age 12 are at even greater risk of being hungry: approximately 5.5 million children or one in eight are at risk of suffering from hunger. (Children's Defense Fund, State of Americas Children, 1991)

- The reports of child abuse and neglect have increased 200% between 1976 and 1987. (United States Congress Green Book, 1991) In 1991, the Children's Defense Fund estimated that there were 2.7 million reports of abuse and neglect.

- On average, more than three children died each day from maltreatment, from 1987 to 1990. In 1990, 1,211 children died as a result of abuse and neglect. (Children's Defense Fund, An Opinion Makers Guide to Children in Election Year 1992, 1992)

- One in five American children has no health insurance leading many to avoid preventive health care. Lack of preventative medical care leads to more costly, more dangerous and potentially life threatening illness. (Children's Defense Fund, State of Americas Children, 1991)

- There has been a sharp increase in rare childhood diseases. Whooping cough is twice as prevalent today as it was in 1970. The number of children afflicted with measles rose from 1500 in 1983 to 25,000 in 1990. (Newsweek Special Issue, Summer 1991)

- While the number of children in poverty has increased by 33% in the last decade, the main program that serves the health needs of these children, Medicaid, serves 400,000 less children than it served 10 years ago. (The Milwaukee Journal, March 15, 1989)

- Adolescents living in poverty are 50% more likely than non-poor teens to have a physical or mental disability.

- Poor adolescents and young adults are three times as likely as their counterparts to drop out of school, school failure is particularly a problem for minority adolescents. (Children's Defense Fund Adolescent and Young Adult Fact Book, 1991)

- The leading cause of death for young African American males, ages 15-19, is death by a firearm. (The Milwaukee Journal, "Guns are Killers for African American Male Teens", June 9, 1992)

- Nationally, 10 children will die each day as a result of a handgun, many more children are injured by firearms. (Youth Record, Volume 4, Number 10, May 29, 1992, Washington, D.C.)

- One million teenagers became pregnant in 1988, almost 2/3 of all births are to unmarried teenagers. 90% of African American teenage mothers are single. (Children's Defense Fund, Adolescent and Young Adult Fact Book, 1991)

- Over half of children in grades seven (7) through twelve (12) drink alcohol, approximately 40% drink weekly. In 1989, 2,800 adolescents, aged 15-19 died in alcohol related crashes. (Children's Defense Fund Adolescent and Young Adult Fact Book, 1991)

How has poverty affected Milwaukee's children? One way of finding an answer is to trace how poverty profoundly threatens a child's growth and development in several key areas. This report will look at specific stages of child development, what are the normal or expected standards of child development and how poor children fare compared to these standards. Although each factor is discussed in only one age grouping, it is important to remember that many factors will permeate a child's life. Indicators are discussed in the age grouping where that particular problem is most likely to be a factor. The data convincingly shows that poor children start life at a disadvantage, and that threats to health development accumulate throughout the critical years of childhood.

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BEFORE BIRTH

The Standard: Each mother should receive regular, consistent, and appropriate prenatal health care.

"Overwhelming evidence shows that prenatal care which begins early, continues through out pregnancy and is appropriate to the mother's level of health risk, reduces the likelihood of low birth weight. The positive effects are greatest for those who are at highest risk of poor birth outcomes: African Americans, Hispanics, poor women, very young women and poorly educated women." (National Commission on Children, Beyond Rhetoric: A New American Agenda for Children and Families, 1991, pp. 122,123)

The Reality:

"Poverty, especially that reflected by inadequate or no health insurance, is a consistently important predictor of inadequate prenatal care". A 1988 national study on women who obtained insufficient prenatal care found that the most serious obstacle to prenatal care was the ability to pay. In 1990, 50% of women who gave birth in Milwaukee had an income of lower than $10,000 annually. Statewide, 23% of mothers had an annual income of less than $10,000. (Department of Health and Social Services(DHSS), Division of Health, Source of Payment for Prenatal Care, September, 1991, p.1, and Source of Payment for Prenatal Care, Regional Differences, 1990, December 1991)

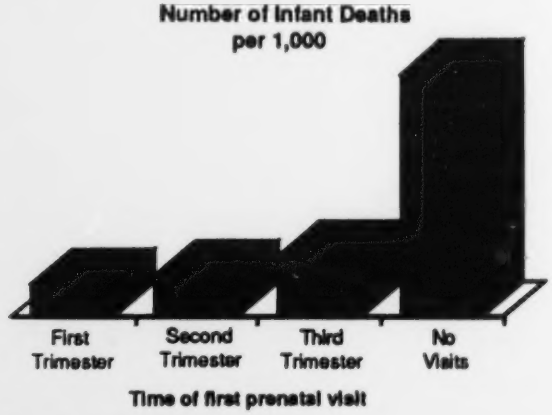
INSUFFICIENT PRENATAL CARE

Consequences of insufficient prenatal care:

Toxemia, low infant birth weight and neurological problems are some of the primary negative outcomes of inadequate prenatal care. Prenatal care is particularly likely to be missed by low income women who have experienced problems with transportation and cost. Many women, particularly younger mothers, are not aware of the importance of regular checkups during pregnancy.

Prenatal Visits to Doctor:

The number of physician visits during a pregnancy is a key indicator of maternal and infant health. A State Department of Health and Social Services (DHSS) study found that of mothers who saw their doctor at least ten times during their pregnancy, fewer than five infants per 1,000 live births died. For women who saw a doctor fewer than ten times during pregnancy, the mortality rate was 23 per 1,000. When no prenatal care was received, the infant mortality rate increased to 59 per 1,000 infants. In addition to the amount of prenatal care, the timing of the first visit is also critically important.



Source: State of Wisconsin DHSS

In Wisconsin:

- In 1989, white women accounted for 85% of all births, 73% of infant deaths and 73% of fetal deaths. Of this population, 85% saw a doctor in the first trimester and **19% saw a doctor fewer than 10 times.** (1991 Department of Health and Social Services study, The Milwaukee Journal, 9/09/91)

- African American mothers accounted for only 10% of births, but experienced 20% of all infant deaths. 61% saw a

doctor during their first trimester and **50% saw a doctor fewer than 10 times.** (The Milwaukee Journal, 9/09/91).

➡ The age of the mother also has an effect on their doctor visits; women in their teens, and women over 40 see doctors less frequently than women in their twenties and thirties. (The Milwaukee Journal, 9/09/91)

Preventable Infant Deaths (City of Milwaukee):

Milwaukee children, particularly poor and minority children, are increasingly vulnerable to the effects of illness and disease due to the lack of prenatal care. Preventable infant deaths are defined as deaths that could have been avoided with appropriate and timely prenatal and infant care. The recent surge in preventable death rates, particularly among Milwaukee's low income population, is indicative of the greater need for accessible medical care. Sinai Samaritan Hospital physicians reported that:

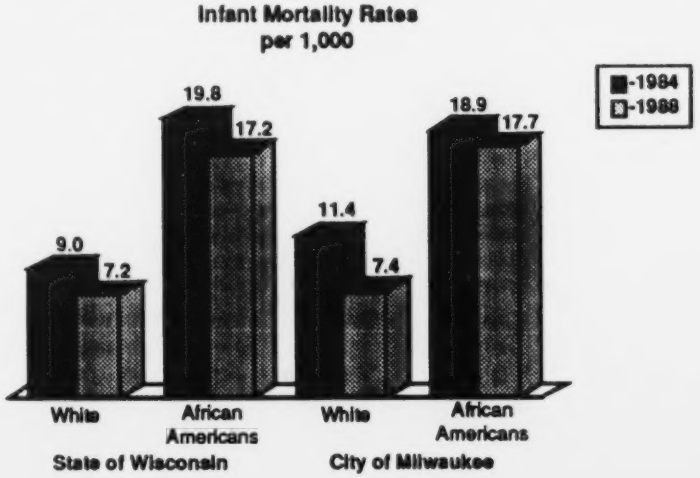
➡ In 1986, preventable deaths comprised 29% of infant deaths at Sinai Samaritan. In 1990, that rate jumped dramatically to 46.3%, this increase has been labelled an 'urban obstetrical crisis' by Dr. Fredrik Broekhuizen, the study's author. (The Milwaukee Journal, June 25, 1991, "Newborn Deaths Up for City's Poor")

➡ The number of prenatal visits in this population has dropped while the death rate climbs. **The women delivering their infants at Sinai Samaritan, who received 10 or more checkups during their pregnancy in 1985 was 56%. In 1990, the same percentage of women was only 35%.**

Sufficient prenatal care alone does not guarantee a healthy birth outcome. Another recently completed study by Dr. Broekhuizen of 23,296 births at Sinai Samaritan Hospital found that 'social chaos', i.e., women whose lives were disorganized for a variety of reasons, including, low self regard, a history of sexual abuse, and alcohol and drug use, had a definitive, negative impact on the likelihood of a healthy birth. (F. Broekhuizen, M.D., Milwaukee Sentinel, "'Social Chaos' Hurts Pregnancy More Than Drug Use, Study Finds", August 3, 1992)

Infant Mortality Rate:

The overall number of infant deaths (per 1,000 live births) or the infant mortality rate is an internationally recognized indicator of poverty.



➡ Recently released information indicated that the 1989 Wisconsin infant mortality rate was 9.6 per 1,000 live births. (The Milwaukee Journal, 9/07/91)

➡ Wisconsin's American Indian population had an extremely high infant mortality rate of 20.0. This average is slightly higher than the infant mortality rate for American Indians elsewhere in the country. (The Milwaukee Journal, 9/07/91)

A poor child is a member of a poor family.

INADEQUATE HEALTH CARE

Healthy Check/Healthy Start:

There are many reasons why women do not receive adequate prenatal care. One important reason is the lack of health insurance. Healthy Check and Healthy Start are two programs that provide needed prenatal care for low income mothers. Both are underfunded and underused.

- 10,000 slots for care are available statewide for an estimated 40,000 eligible women, yet only 8,000 of these slots are filled.

- In Milwaukee County, a very small percentage of eligible applicants are enrolled, only 7.4%, of the 10,000 women who meet the eligibility guidelines for the program.

Reasons cited for underusing this program include the perception that accepting services is associated with being on welfare. (Milwaukee Sentinel, 3/23/91) Another problem is that many women may not be aware of the importance of obtaining routine prenatal care. In addition to knowledge gaps, cultural, language and geographical barriers pose significant obstacles to women in accessing appropriate prenatal care.

Medical Assistance/Private Insurance:

The inadequacy of care for pregnant women, particularly minority women residing in Milwaukee's central city, receiving Medical Assistance/Medicaid is underscored in 1990 analysis released by Wisconsin Center for Health Statistics (looking at State of Wisconsin hospital births). Data on infant births was analyzed in three geographic areas: the State of Wisconsin, Milwaukee's central city zip codes (defined in this study as 53204, 53205, 53206, 53208, 53212, 53215, 53216 and 53233) and births in the rest of Milwaukee County. The overall conclusion of the study was that:

- *"Women from the target area, who were receiving Medical Assistance were most at-risk for inadequate prenatal care."*

(Center for Health Statistics, Division of Health, DHSS, "Wisconsin Health Statistics", January, 1992, p.2)

In Wisconsin:

- MA recipients accounted for 23% of births; 77% non-MA. of these births.

- 61% of MA women received first trimester care versus 88% of non-MA women;

- 56% of MA women had ten or more prenatal visits, versus 82% of non-MA women;

- More than twice as many MA women (2%) had no prenatal care versus less than 1% of non-MA women; and,

- 8% of MA births were low birth weight, versus only 4% of non-MA births. (Center for Health Statistics, Division of Health, DHSS, "Wisconsin Health Statistics", January, 1992)

MA recipients in **Milwaukee County** fared worse than their outstate counterparts. MA recipients in the **central city** were more likely to have children than non-MA recipients, 57% versus 43% In addition, MA central city clients were:

- more likely to skip prenatal care during their first trimester, 55% MA: 73% non-MA;

- less likely to have ten or more prenatal visits during pregnancy, 43% MA: 68% non-MA;

- 50% more likely to have no prenatal care 3% MA: 2% non-MA; and,

- more likely to have low birth weight babies, 13% MA: 8% non-MA. (Center for Health Statistics, Division of Health, DHSS, "Wisconsin Health Statistics", January, 1992)

A poor child is a member of a poor family.

For the rest of Milwaukee County, MA recipients accounted for far fewer births yet still had a higher incidence of high risk births. In this geographic area, MA recipients accounted for only 18% of MA births and 82% were non-MA births. Of MA births in Milwaukee County, outside the central city, MA recipients:

- received less first trimester care, 60% :91% non-MA;
- were less likely to have ten or more prenatal visits, 52%: 87% non-MA;
- were twice as likely to skip prenatal care, 2%:1% non-MA; and,
- were more likely to have low birth weight babies, 11%:5% non-MA. (Center for Health Statistics, Division of Health, DHSS, "Wisconsin Health Statistics", January, 1992)

Additional barriers of MA/HMO care include the difficulty of accessing alcohol and drug abuse treatment services and mental health services. (Center for Public Representation, 12/05/89)

MATERNAL SUBSTANCE ABUSE

Cigarette, Alcohol and Drug Effects:

Cigarette smoking during pregnancy also dramatically affects a developing fetus increasing the risk of sudden infant death and premature birth. Economically disadvantaged mothers are at increased risk of abusing cigarettes, alcohol and drugs during their pregnancy. According to the Department of Health and Human Services, Public Health Service, "A woman who is drug dependent and poor is also likely to be malnourished and to have related health problems, she is often young, unmarried, under considerable stress and a disadvantaged minority group member". (Office for Substance Abuse Prevention, Alcohol, Tobacco, and Other Drugs May Harm the Unborn, United States Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, 1990)

In Wisconsin in 1990, 37% of women of childbearing age (18-44) were smokers , the highest percentage in the country. (The Milwaukee Journal, "State No.1 in Women Smokers", October 25, 1991)

- In 1989, 1 in 4 Wisconsin women smoked during pregnancy. (DHSS, Task Force to Combat Alcohol and Other Drug Use Among Pregnant Women, June 1991)
- Although the exact figures are not available, it is believed that the incidence of smoking among women is very high in Milwaukee. (The Milwaukee Journal, 10/25/91)
- The infant mortality rate among mothers who smoke during pregnancy in 1990 was 13.2 per 1,000 mothers. For the non-smoking population, the infant mortality rate was 6.9 per 1,000. 10.3% of smoking mothers and 4% of non-smokers gave birth to low birth weight babies. (American Lung Association, May 6, 1992)

Alcohol is the most commonly abused substance during pregnancy and has devastating affects on growing fetuses and newborns, including:

- Mental retardation: Fetal Alcohol Syndrome is the leading cause of mental retardation in young children. (National Center for Children in Poverty, Five Million Children, A Profile of Our Nation's Poorest Young Children, 1989)
- Delayed fetal growth, prematurity, low birth weight, difficult maternal labor and delivery and infant birth defects. (DHSS Task Force to Combat Alcohol and Other Drug Use Among Pregnant Women, June 1991)

In Wisconsin:

- It is estimated by the Wisconsin Division of Health, that 1/4 of all newborn infants are born with alcohol in their system. (Wisconsin Division of Health study cited in The Milwaukee Journal, 7/05/91)

- Although the exact figures are not available, it is believed that the incidence of alcohol use among women is very high in Milwaukee. (Task Force to Combat Alcohol and Other Drug Use Among Pregnant Women, June 1991)

The extent of maternal drug use:

- A recent Congressional Study - "The Enemy Within: Crack-Cocaine and America's Families" found that each year 375,000 children are born addicted to an illicit drug. (The Milwaukee Journal, 6/13/90, "Addictions Destroying Families")

- It is estimated that the number of children exposed to crack or cocaine could reach between 500,000 and 4 million by the year 2000. (The Milwaukee Journal, 6/13/90, "Addictions Destroying Families")

- In Milwaukee, the Task Force on Cocaine and Motherhood (concluded in October, 1989) found that of the local hospitals who performed screening for cocaine ingestion, a total of 4 -8% of babies delivered had cocaine in their systems. (Cocaine Dependent Mothers-To-Be and Babies: An Action Plan", Planning Council, October 1989)

- Specific studies (1990) from Sinai Samaritan Hospital found that 4-6% of mothers admitted cocaine use during pregnancy, and 15-18% of mothers were found to have used other drugs. (Dr. Broekhuizen, 10/31/91)

- The most recent information on cocaine affected infants shows that between 1990 and 1991, Milwaukee hospitals reported an 82% increase in the number of infants who tested positive for cocaine use in the first day of their life. (Williams, Celeste, The Milwaukee Journal, "Mothers Caught in Cocaine Cycle", April 12, 1992)

Effects of Maternal Substance Abuse:

Alcohol and drug use during pregnancy is complicated by the fact that many mothers using drugs are undernourished, and pay little attention to maintaining their health. In addition, many mothers, particularly women facing economic hardship, abuse more than one substance. For example they smoke, drink and use illicit substances (e.g., cocaine), compounding the negative effects of substance use. (Office of Substance Abuse Prevention, Alcohol, Tobacco, and Other Drugs May Harm the Unborn, United States Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, 1990) A recently released study of 23,926 births at Sinai Samaritan Hospital found that *"drug use coupled with inadequate prenatal care was associated with a three-times higher newborn deaths and low birth weights. "*
(F. Broekhuizen, M.D., Milwaukee Sentinel, "'Social Chaos' Hurts Pregnancy More Than Drug Use, Study Finds", August 3, 1992)

The most common effects of maternal drug use on children are brain damage, withdrawal symptoms at birth, low birth weight and prematurity. As a generation of "crack kids" grows older, more physical and mental difficulties have surfaced, including greater anxiety and irritability, slower development of motor skills; crawling, standing and walking and impaired emotional responses, including the formation of bonds with parents and other children. Many learning disabilities may not be visible until as late as age five. (The Milwaukee Journal, February 17, 1991)

MATERNAL AIDS

Acquired Immune Deficiency Syndrome (AIDS):

AIDS has become a growing and devastating result of maternal drug use. Intravenous drug use by mothers or mothers' partners was cited as the leading cause of perinatal AIDS. The other primary cause is sexual relations with an infected partner. (Milwaukee Sentinel, 11/1/91, "Program Aimed at Physicians Who Treat Children With AIDS") According to the Centers for Disease Control (CDC), minority women are statistically at higher risk for

contracting the AIDS virus than are white women. African American women are 13.1 times more likely than the general population. For Hispanics the risk is 8.9 times greater. (Behavior Today, Volume 19, No. 6, February 8, 1988)

Minority children also face significantly greater risks for being affected by the AIDS virus:

- African American children are 12.2 times more likely than white children to contract AIDS, and Hispanic children are 7.4 times as likely to contract AIDS as a white child. (Behavior Today, Volume 19, No. 6, February 8, 1988)
- This greater risk is reflected in national statistics. Nationally, African American and Hispanic children accounted for 52% of all pediatric AIDS cases between 1981 and 1989. (Children's Defense Fund, State of Americas Children, 1991)
- Between 1981 and 1989, there have been close to 2,000 cases of AIDS among American children, approximately one half of these children have died. (Children's Defense Fund, State of Americas Children, 1991)
- In Wisconsin, it is estimated that there will be between 120 and 150 children in Southeastern Wisconsin who will have AIDS or be infected with the AIDS virus by the year 2,000. (Milwaukee Sentinel, 11/1/91)
- At present, there are 20 to 30 cases of pediatric AIDS in the Milwaukee area. (Milwaukee Sentinel, 11/1/91)

COST AND ACCESSIBILITY OF HEALTH CARE

Inability to secure medical care can be attributed in part to the high cost of health care and the lack of insurance coverage. In 1988:

- 72% of uninsured Wisconsin residents were adults and 28% were children. (The Uninsured in Wisconsin, DHSS, 1988)
- Conservative estimates find that employer provided insurance in Wisconsin leaves almost one quarter (24%) of children, who have one household member employed, without insurance.
- Up to 85% of uninsured households had one person who was employed full or part time.
- 35% of the African American population in Wisconsin was uninsured compared to 11% of the white population.
- 28% of Wisconsin's uninsured population persons lived in Milwaukee County. (The Uninsured in Wisconsin, DHSS, 1988)

Accessibility to Health Care:

Beyond economic barriers, accessing health care for impoverished young children and their families is also a growing problem. This problem is common to urban and rural areas alike.

- Transportation to medical appointments can be difficult for families with limited incomes.
- Some national studies have concluded that rural poor residents have a more difficult time securing health care than do their urban poor counterparts. (Limited Access Health Care for The Rural Poor, Center on Budget and Policy Priorities, March 1991)
- Skipping routine and preventive care results in emergency care for such individuals. Emergency care is both more dangerous and more costly to the individual involved and the Wisconsin taxpayer.

- In Milwaukee, there is a shrinking pool of medical providers who practice in the central city. Shrinking numbers of medical providers in rural areas also make it difficult for rural residents to find health care at an accessible location.

- Medicaid reimburses doctors who treat Medical Assistance/Health Maintenance Organization (HMO) recipients as much as 40-50% less than a regular HMO pays. (The Milwaukee Journal, "Race: The Rawest Nerve", April 7-14, 1991)

Summary:

Clearly, the odds are stacked against a poor child before he or she is even born. Mothers who fail to secure appropriate prenatal care place their children at increased risk of multiple complications. Poverty, alcohol and drug use, inability to access health care and medical insurance pose significant obstacles to a healthy pregnancy for these mothers, and as the children born to these mothers progress through life, the obstacles of poverty become more onerous and difficult to overcome.

CHILDREN 0-3

The Standard:

"The first three years of life are a time of extraordinary, unparalleled physical, intellectual, linguistic, social and emotional development. Children attain half their physical height in the first two and a half years of life, brain development is even greater". (National Commission on Children, Beyond Rhetoric, p.43)

The Reality:

It is believed that preventing low birth weight can be almost exclusively accomplished with comprehensive prenatal care. However, in the absence of such care, **low birth weight has been labelled as the "single, most serious infant health problem"** by the Children's Defense Fund. (Low birth weight is defined as a newborn weighing 2,500 grams or less at birth.) (Children's Defense Fund, State of America's Children, 1991, p.61)

LOW BIRTH WEIGHT

Consequences:

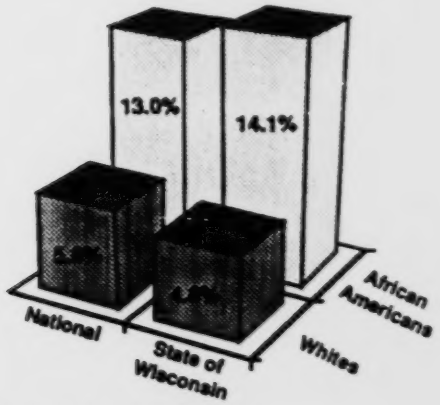
Poor children are more likely to born at less than normal weight. Low birth weight is believed to be one of the major causes of sickness and death very early in an infant's life. Low birth weight infants who survive the early part of their life continue to be at increased risk for; neurodevelopmental problems, vision and hearing problems, chronic lung disease and respiratory illness. (City of Milwaukee Health Department, 5/15/91)

Other disabilities associated with low birth weight infants include general learning disorders, speech impairment, temperament problems, sleeping disorders and poor coordination. (The Milwaukee Journal, "Cocaine Babies, Troubles Follow...", May 15, 1991) Beyond the emotional and social costs of low birth weight infants, the economic costs for the health care for such a child is estimated to range from $14,000 to $30,000 in the first year of

life. The costs to care for moderately and several disabled children throughout their lifetime range from $100,000 to $600,000. (Department of Health, May 15, 1991)

Low Birth Weight

Percentage of Low Birth Weight Babies (>2500 grams)



Source: State Division of Health

- Milwaukee County has seen a 21% increase in infants weighing less than 1,500 grams, an average of 3 1/4 pounds at birth, since 1984.
- In the same time period, there was a 13% increase in infants that weighed between 1,500 and 2,500 grams (an average of 3 1/4 to 5 1/2 pounds).
- In 1989, the City of Milwaukee accounted for 18% of all births in the state, yet constituted an alarming 31% of low birth weight infants in the State. (City of Milwaukee Department of Health, May 15, 1991)
- In 60-75% of incidences of infant mortality in 1990 at Sinai Samaritan Hospital in Milwaukee, low birth weight is a factor. (F. Broekhuizen, M.D., June, 1991)
- Inadequate prenatal care, drug use and intrapartum infections were the three most common sources of perinatal death and low birth weight infants. (F. Broekhuizen, M.D., June, 1991)

The problems of low birth weight infants are certainly severe in Milwaukee County, particularly for African American infants. However, several counties besides Milwaukee County show substantially higher percentages of low birth weight infants than the state average of 4.8%: Menomonee - 7.8%, Forest - 6.4%, Racine - 6.3% and Washburn - 6.3%. (State of Wisconsin Division of Health, Healthier People) Medical technology has been able to increase the life of low birth weight infants. However the cost has been very high. Routine prenatal care and other preventative health care for young children would help avoid many of these costs.

LACK OF IMMUNIZATIONS

Poor Children are Underimmunized:

The first two years of a child's life is a critical time period when many immunizations are essential for a child's well-being. Children should begin having regular immunizations beginning at 2 months of age. Immunizations protect children against several childhood diseases, such as measles, mumps, rubella, whooping cough, diptheria, tetanus, polio and various forms of flu.

The importance of getting necessary immunizations was underscored by Milwaukee's measle epidemic in the 1989-1990 school year. Five children died as a result of measles and over 250 were hospitalized for complications. (The Milwaukee Journal, "Get a Shot", 10/25/91) Minority children are much less likely to be immunized against common diseases.

- In 1989, a Milwaukee Health Department and the Centers for Disease Control study found that 75% of whites under age

two, 62% of Hispanic children, and only 55% of African American children were immunized against measles, mumps and rubella. (The Milwaukee Journal, "Measles Plan Draws Fire", 3/10/92)

- More recent data released from Children's Hospital of Wisconsin and the Centers for Disease Control revealed that as of October, 1991, only 35% of all 2 year olds in Milwaukee were fully immunized. (The Milwaukee Journal, 10/25/91)

Milwaukee Public Schools (MPS) has tried to address this problem by requiring proof of immunizations before students can be registered in school.

- In September of 1991, MPS estimated that 22,000 student's parents were notified that their children were not properly immunized. This is down from a total of 32,000 students in September of 1990. (in The Milwaukee Journal, 10/29/91)

- A critical barrier for impoverished families is lack of education about the importance of immunizations and accessibility to health care for MA recipients in general. (The Milwaukee Journal, 10/29/91)

- Families without insurance are urged to call the Milwaukee Health Department about options for getting free immunizations. These families may have trouble locating needed health services and once located, waiting for care in long lines or for several hours is often a problem.

CHRONIC HUNGER/POOR NUTRITION

A poor child in Wisconsin will be hungry and undernourished.

"Good nutrition is essential to a healthy pregnancy, a healthy birth and proper growth during childhood. But far too many pregnant women and young children do not receive adequate nutrition" (Children's Defense Fund, The State of America's Children 1991, p.64). *Inadequate food and nutrition profoundly affect the growth and development of a newborn infant.*

Hunger is defined by the Community Childhood Hunger Identification Project as "the mental and physical condition that comes from not eating enough food due to insufficient economic, family or community resources." (Nutrition Week, Community Nutrition Institute, Volume XXII, Number 8, February 21, 1992) The physical growth of a child as well as normal brain growth will be slowed through the early years if adequate nutrients are not provided. Resistance to illness is also reduced dramatically.

The 1991 Food Research Action Coalition (FRAC) Community Childhood Hunger Identification Project (CCHIP) found the following documented health consequences of hunger:

- Unwanted weight loss occurs in hungry children at three times the rate of children who are not hungry.

- Fatigue is four times more likely a factor in a hungry child's life.

- Irritability occurs almost three times more often in hungry children.

- Dizziness occurs in hungry children at twelve times the rate of children who are not hungry.

- Frequent headaches occur twice as often for hungry children.

- Frequent colds occur at double the rate of children who are not hungry (FRAC CCHIP, 1991).

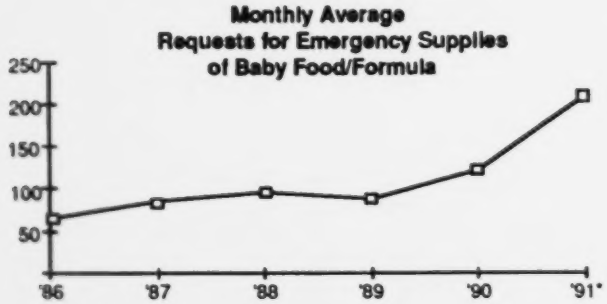
How many children in Wisconsin are hungry?

- In 1987, 97,015 low income residents in Wisconsin under the age of 12 were chronically hungry. (Center for Study of Social Policy, Kids Count Data Book)

A poor child is a member of a poor family.

- A statewide coalition of anti-poverty groups, the People First Coalition, conducted a survey of statewide food pantries in 1990 and found that 20% of Wisconsin counties received an increase in emergency food requests. (Milwaukee Sentinel, 3/12/90)

In Milwaukee, hunger is measured by several indicators. For example, the First Call for Help telephone referral services run by SDC receives calls for emergency food and baby formula.



*'91 Y-T-D Totals

Source: SDC First Call for Help

- The rate of calls for emergency food did not increase between 1989 and 1990; however, calls for baby formula increased by 38%.

- Another indicator, the Emergency Food Pantry Network found that in 1990, 19,000 children were fed each month by the 125 food pantries run by this network.

- In 1990, 57% of clients served at the different pantries were children. (City of Milwaukee, Comprehensive Housing Assistance Plan, 1990)

- Another measurement of the number of children who are very close to going hungry is the number of children receiving free meals over the summer. Over the 1991 summer, SDC, the Salvation Army and Milwaukee Public Schools, together fed 62,000 children daily. (Milwaukee Journal, 8/05/91)

Nutritional Adequacy of Food:

Inadequate nutritional quality of food impedes normal, healthy child growth and development. Breast feeding is the most nutritionally sound way of feeding infants as well as helping develop maternal-infant bonds. Creating greater awareness of the benefits of breast feeding is needed, especially in the low income community. Infant formula substitutes are costly and do not provide the same benefits.

- Poverty households in Wisconsin with children under the age of six have a higher incidence of nutrition-related deficiencies. (State of Wisconsin, Division of Health, Healthier People)

- The height of children who are undernourished is often less than average for a child of that age. The studies done in Wisconsin have shown that minority children are more likely than non-minority children to be below average height for their age. (State of Wisconsin, Division of Health, Healthier People)

Eighty-six percent of elementary school aged children's diets were composed of an average of thirty-six percent fat calories. (Public Voice study based on findings from the Nationwide Food Consumption Study). This figure represents 6.4% more than United State Dietary Administration (USDA) guidelines suggest for a child's total intake. (The Milwaukee Journal, "Fat of the Land...", 9/11/91)

Diets low in essential nutrients are a problem for families and their children, both in and out of school. A nutritional social worker interviewed on the problems of nutrition in New York's impoverished neighborhoods indicated that **it is difficult to convince people of the importance of proper nutrition when these persons are constantly concerned about more immediate issues**, e.g., personal safety. Adequate nutrition for individuals and their children is simply not a priority.

> *"Educational problems cannot be divorced from poverty in the inner city. Poor health in the early years inhibits the physical and intellectual growth of children. It affects their ability to succeed in school. Mothers and young children must have good nutrition if good education is our goal."* (Carnegie Foundation, An Imperiled Generation. Saving Urban Schools, p. 18)

LEAD POISONING

Physical and environmental hazards are a more immediate concern for poor children:

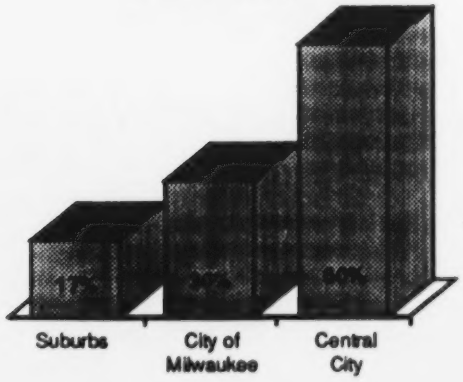
Environmental risks to health are more prevalent in homes in impoverished areas. A significant number of central city homes were built before the lead based paint ban in 1970. Many homes are often dilapidated and have peeling paint, causing a significant increased risks for children. The most commonly known method of exposure to lead poisoning is through children eating paint chips, yet other means are more likely. The most common source is dust that falls off older windows and window panes. Old water systems, lead crystal and imported cans have also been blamed for being a source of lead. (Newsweek, "Children in Peril", Summer, 1991)

- Nationally, children at highest risk for for exposure to lead poisoning continue to be African American children who reside in central city neighborhoods.

- The lowest risk category of children with lead poisoning was found to be white children who lived outside central cities. Even this low risk group had a one in eleven chance of being exposed to lead paint . This suggests that less smaller cities and rural areas in Wisconsin are not immune from this danger because older homes that are not checked for such lead paint also are a high risk area for exposure. (The Milwaukee Journal, "Are We Robbing...", 9/08 and 9/09/91, 1991)

- The Milwaukee Health Department estimated in September of 1991 that 60% of children affected by lead poisoning reside in the Central City, 30% live in the City of Milwaukee and 17% reside in the county suburbs. (The Milwaukee Journal, "Are We Robbing...", 9/08 and 9/09/91, 1991)

Children Affected by Lead Poisoning



Source: City of Milwaukee Health Department

➡ A study of a specific central city neighborhood, the Metcalfe Park area, revealed an even higher level of lead paint poisoning than city officials feared. 83% of the estimated 20,000 children living in the Metcalfe Park neighborhood had 20 micrograms of lead in their blood system. (*The Milwaukee Journal*, "Lead Threat to Kids Exceeds City's Fears", 1/10/92)

Recently released figures from the beginning of 1992 show an upward climb in the cases of lead paint poisoning particularly in the case of severe levels of lead paint in children.

➡ In 1990, there were 380 cases of children with toxic lead levels, the number of cases jumped to 608 in 1991, in the first six months of 1992, 463 cases have already been reported, the Health Department projects that this number will reach 928 by year's end. (The Milwaukee Journal, "More Kids Found with Lead in Blood", July 20, 1992)

Effects of lead poisoning:

Exposure to lead poisoning can have a variety of effects ranging from mild cognitive dysfunction, e.g., impaired hand-eye coordination, to severe brain damage. Shorter attention spans is a mild effect which impairs a child's ability to learn and retain information in an educational setting. **It is evident that the loss of academic potential of lead poisoned children is enormous.** (The Milwaukee Journal, "Are We Robbing...", 9/08 and 9/09/91, 1991)

Despite the growing threat, federal and state policy makers continue to neglect the need for helping rid all homes of lead based paint. The Environmental Defense Fund puts the costs of lead paint removal at $10,000 per home (USA Today, "Comment, Lead Poisoning a threat...", July 30, 1991). In Milwaukee, the City Health Department estimates that over 5,000 homes require major lead based paint removal work. (The Milwaukee Journal, "Are We Robbing...", 9/08 and 9/09/91, 1991)

FIRES

Fires are another tragic cause of death for poor, young children.

Another environmental hazard for children and their families is unsafe housing. **In Milwaukee, 13 children died in fires in 1991** (75% of all fire deaths). (The Milwaukee Journal, "Fire Deaths in City Decrease in 1991", December 31, 1991) **As of May, 1991 the number of children killed in fires over the preceding four years was 64.**(Milwaukee Sentinel, 5/09/91) The condition of overcrowded housing and lack of, or malfunctioning smoke alarms are reasons cited for this alarming number.

Summary:

In the critical, early years, the normal physical, and social development of child can be irreversibly damaged by low birth weight, insufficient food, inadequate nutrition, and environmental hazards. Starting with this weak foundation means that as a poor child grows, he/she will be at increased risk for multiple problems

that will progressively stifle the chances for normal, healthy growth and development.

CHILDREN 3-5

The Standard

"Young children whose needs for affection, basic health care, adequate nutrition and intellectual and social stimulation are met during this period are more likely to develop the skills, habits and attitudes necessary to succeed" socially and emotionally. (National Commission on Children, Beyond Rhetoric, p.48)

The Reality

Obstacles of Poverty:

At this stage in a child's life, the initial effects of poverty are compounded by other factors and become more overwhelming. One example is that family stress caused by inability to make ends meet, can cause conditions that may increase the likelihood of abusive situations in the home, including abuse and neglect of children.

CHILD ABUSE AND NEGLECT

"The cumulative effect of the lack of financial resources, isolation, lack of social supports, and inadequate housing frequently results in stress beyond a family's ability to endure. The conditions of poverty generate stressful experiences that may become precipitating factors of child abuse and neglect." (State of Wisconsin DHSS, 1989 Child Abuse and Neglect Report, p.10)

The Executive Director of the Child Welfare League of America believes there is a;

> 'direct correlation between hard economic times and child abuse. Victims of an economic downturn are under a tremendous amount of stress. Unfortunately, when there's a lot of stress, bad things happen to children.' (Wisconsin Council for Human Concerns Newsletter, Volume 3, Number 1, March, 1992, p. 14)

A poor child is a member of a poor family.

Wisconsin children have suffered a sharp increase in the number of child abuse and neglect incidents.

- In 1977, Wisconsin passed the Child Abuse and Neglect Act. Since that time, reports of abuse and neglect have increased well over one thousand percent. (Wisconsin DHSS, 1991 Child Abuse and Neglect Report)

- More recently, child abuse and neglect reports have risen 360% between 1983 and 1989. (Wisconsin DHSS, 1990 Child Abuse and Neglect Report)

- In 1990, Wisconsin had a total of 36,842 children reported as being victims of abuse and neglect. (Wisconsin DHSS, 1991 Child Abuse and Neglect Report)

The composition of the 1990 reports were the following:

- Neglect is the most prevalent form of maltreatment of children - 48% of all reports. Physical abuse is the second most reported form of abuse, followed by sexual abuse and emotional abuse. Sexual abuse appeared to have leveled off in 1988, but increased by 14.1% increase in 1989, and by10% in 1990. (DHSS, 1991 Child Abuse and Neglect Report).

Abuse and neglect victims presented the following characteristics:

- Victims are more likely to be younger children. In 1990, 40% of reported abuse and neglect cases involved children under the age of five. Nearly two thirds (63%) were for neglect.

- In 1990, girls under age 12 were slightly more likely to be the victims of physical abuse and neglect.

- Girls are more likely to be the victims of emotional abuse (55.1%) and much more likely to be the victims of sexual abuse (75%), although there continue to be slight increases each year in the number of male victims of sexual abuse.

Overall, the victims of all forms of abuse in Wisconsin are slightly more likely to be females (55% of all reports).

- Girls are most likely to be victims of sexual abuse, 76% of all reports. (DHSS 1991 Child Abuse and Neglect Report)

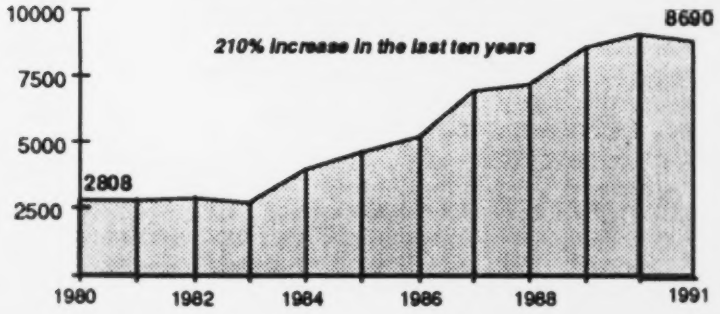
It is important to note that better reporting is believed to be one factor in the increase in cases and to remember report of child abuse and neglect does not necessarily mean that there is actual evidence of improper treatment of children. "Substantiated" cases are those in which a child is deemed in need of protective services. In Wisconsin, the average substantiation rate was 36.5% in 1990. Some counties, e.g., Racine, were considerably lower than the state average, i.e., 20.4%. Other counties were considerably higher, for example, Menomonee County had a substantiation rate of 68.5% in 1990. It is also important to note that cases of abuse and neglect may be reported more than once, so certain numbers may be higher because of reporting differences. (DHSS 1991 Child Abuse and Neglect Report)

The most tragic consequence of abuse and neglect is the death of a young child.

- In 1990, there were 32 suspected deaths of children in Wisconsin as a result of abuse and neglect, 17 of these reports were substantiated.

Milwaukee County has seen more than a fourfold increase in the reports of abuse and neglect over the last decade:

Child Abuse & Neglect Referals



Source: Milwaukee County DSS

➡ The composition of the 1991 reports was 44% for neglect, 28.5% for physical abuse, 25.4% for sexual abuse and 2.1% for both abuse and neglect. The substantiation rate on abuse and neglect reports in Milwaukee County is approximately 45%. (The Milwaukee Journal,"Abuse Reports Fell 5% in '91, ending a decade long climb", 2/12/92)

Despite the slight improvement, the Milwaukee County Task Force on Child Abuse and Neglect calls this change "too insignificant to call a trend". There have also been questions raised about the reason for the drop. For example, child advocates have been quick to point out that over the last year, the County's Department of Social Services hours for reporting abuse and neglect cases has been reduced. The reports of 1991 were also more serious allegations than reports filed in 1990. Direct referrals to the Police Department made in January of 1992 were almost twice the referrals made n January of 1991.(The Milwaukee Journal, "Drop in Abuse Reports May be Tied to Access", 2/12/92)

Other child welfare workers have pointed out statistics that are not necessarily consistent with an overall drop.

➡ Jackie Maggiore, Director of Greater Milwaukee Parents Anonymous, reported receiving 20% more calls from parents requesting emergency assistance in "defusing confrontations with their children" (The Milwaukee Journal, "Drop in Abuse Reports May be Tied to Access", 2/12/92).

Recently released figures on abuse and neglect reports show that the **first three months of 1992 there was a 25% increase in the number of reports over the first three months of 1991.** This increase makes it evident that the dip in 1991 reports was not a trend. (Thomas Brophy, Director, Department of Health and Human Services-DHHS, May 14, 1992). DHHS Director, Thomas Brophy, cites increased substance abuse by adults as a precipitating factor in abuse. (Thomas Brophy, Director, Department of Health and Human Services-DHHS, May 14, 1992)

Examining overall statistics clearly does not give a complete a picture of the nature and complexity of abuse and neglect. Coinciding with disturbing trends in the amount and severity of abuse and neglect is the rising incidence of drug use.

➡ The Department of Social Services estimated in 1989 that a very high percentage, 80%, of abuse and neglect cases involved the use of drugs by the parent involved. (Milwaukee County Department of Social Services, 1989)

Child protective service workers consistently report a greater incidence of abuse and neglect reports in families with lower income. This is believed to be because poor families simply have fewer means of coping with the stress of their situation than do families with greater resources. Alcohol and drug abuse has complicated the situation of many families. There have been several highly publicized cases of children being left alone while their parents are using or seeking out drugs. Tragically, there are also incidences when a mother is gathering money for food and is charged with neglect.

Increasing reports of child abuse and neglect have also overburdened social service personnel. (Wisconsin DHSS, 1990 Child Abuse and Neglect Report) State Department of Health and Social Service Staff indicate many communities have difficulty keeping up with the increase in reports. Smaller communities have fewer staff to investigate the reports that come in and may be as stretched as a city like Milwaukee that is deluged with reports of abuse and neglect.

What are the human and economic costs of child abuse?

Studies of Wisconsin adults who were abused as children have been found them to be:

- more likely to engage in substance abuse;
- more likely to become teen mothers;
- less able to cope with stress;
- more vulnerable to certain illness, and;
- more likely to become involved in crime as a juvenile or an adult. 70% of youth in juvenile court have a history of abuse and neglect, 70-80% of prison inmates also have such a history. (Wisconsin DHSS, 1990 Child Abuse and Neglect Report)

A 1988 national study of adults who were childhood victims of abuse was conducted by the American Association for the Advancement of Science. The study compared these adults to a control group and found them to be more likely to:

- score lower on IQ tests: the averages for abused children was 87, 9 points lower than control group;
- attempt suicide (18% / 7.5%);
- abuse alcohol (45% / 37%);
- be unemployed (48% / 29%);
- be arrested as a juvenile - 53% more often than control group;
- be arrested as an adult - 38% more often than control group, and;
- be arrested for a violent crime - 38% more often than control group. (The Milwaukee Journal, "Abused Children Carry Problems into Adulthood", 2/17/91)

Clearly the social and economic future costs of child abuse are staggering. Allowing families to live in poverty will continue to increase the likelihood of situations ripe for abuse. These abusive situations will continue to stifle the development of children and limit their potential social and economic opportunities.

FOSTER CARE

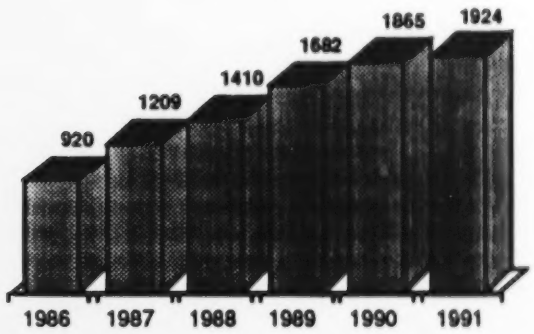
A poor child in Wisconsin is more likely to spend time in foster care.

Wisconsin will continue to pay the price for ignoring the growing problems of abuse and neglect. Oftentimes, these children will have to be placed in temporary or permanent substitute care, in most cases, foster care. Other forms of substitute care include juvenile correctional facilities, institutional settings, and placement with a relative. A recently released survey by the Child Welfare League of America of 44 states and the District of Columbia found that in 1990, Wisconsin saw the **largest percentage increase** in total substitute care placements (10,834) of the 44 states surveyed. This is particularly evident in Milwaukee County where the system has had an increasingly difficult time meeting the demand for certified foster homes. The most commonly used measure of foster care are one day counts in a given year. These counts give a snapshot of how many children are in foster care at any one time.

- One day counts of foster care and substitute care placements in Wisconsin show a steady upward climb from 1986 to 1991 in both foster care and substitute care placements, from 3,381 children in foster care and 1,065 in substitute care in 1986 to 5,051 in foster care and 1,487 children in substitute care. (Mitchell, Mark, DHSS, Division of Community Services, 6/10/92)
- In Milwaukee, the number of children in foster care and substitute care has grown considerably over the last five

years. In 1986, one day counts revealed 920 children in foster care and 301 in substitute care. That number more than doubled in 1991, when counts found 1,924 youth in foster care and 582 in substitute care. (Mitchell, Mark, DHSS, Division of Community Services, 6/10/92)

One Day Counts Foster Care Placements
Milwaukee County



Source: DHSS Division of Community Services

- Another source of substitute care is relative placements. In Milwaukee County it is estimated that about 1,500 children are placed in relative's care. (Children's Service Society, 1991)

- Children in foster care are overwhelmingly African American - 69% , 19% white, 6% Hispanic, 5% are racially mixed, and 1% are Asian American and American Indian. (Lutheran Social Services, 1991)

- The average monthly cost of foster care has increased by 44% between 1986 and 1991 from $380,983 (for 1,269 children served in a month) to $1,077,306 for 2,839 children, a month. (Milwaukee County Department of Social Services, in The Milwaukee Journal, Wisconsin Magazine, "County Foster Care Costs, Caseloads Skyrocketing", August 2, 1992).

- Substance abuse by adults has been labelled an important reason why more children are placed in foster care.

The shortage of foster homes has been a growing problem for Milwaukee County officials. Patricia Davis, a Milwaukee County Foster Home Licensing and Recruiting Supervisor, estimates that an additional 200 foster homes would satisfy the current demand. (Milwaukee County Department of Social Services, in The Milwaukee Journal, Wisconsin Magazine, "County Foster Care Costs, Caseloads Skyrocketing", August 2, 1992)Foster care is a necessary alternative to a violent or neglectful home environment but can also prove emotionally troublesome for a child. A child is often moved from home to home either because the child does not adjust well to the home or because the Department of Social Services changes their location for other reasons. These continual movements prevent the formation of strong friendships in one's foster family, neighborhood or school.

Certainly not all foster homes pose problems for children. Many children will thrive in foster homes, yet others will have difficulty adjusting to the disruptions in their lives and routines. These disruptions may permanently affect their social and educational abilities. The preferable alternative would be to help families by giving them the skills to raise their own children, beginning at birth. This would require fundamental social support and the means to assist families in becoming economically self-sufficient. The cost savings to Wisconsin and the enhanced emotional and social health of children would more than pay for this investment in families. It is important to note that foster care numbers do not include the numbers of children who are placed in a relative's care.

INADEQUATE CHILDCARE

A poor family in Wisconsin will have trouble securing quality, affordable child care for their young children.

The growing trend of dual wage earning families and single parents means that, nationally, six million children, two million of which

are under the age of three, are cared for by someone other than a parent or relative all or part of the day. (Children's Defense Fund, State of America's Children, 1991) A key barrier to employment and economic self sufficiency for families in Wisconsin has been the inability to afford child care.

How has Wisconsin fared in providing quality and affordable child care?

A study released in 1990 by the National Research Council; "Who Cares for America's Children", confirmed that poor persons are disproportionately burdened by child care costs, spending an average of 23% on their gross income, versus 9% of the average person's gross income. A key finding of this study was that **"good quality child care can offset some of the detrimental effects of an impoverished home environment".** (Economic Opportunity Report, 3/19/90)

A study conducted by the Wisconsin Women's Child Care Task Force found that:

- 46 of Wisconsin's 72 counties have waiting lists for public child care funding. The total number of children in need of child care is 5,100. Well over half, 3,100, of these children live in Milwaukee County. (DHSS, "Child Care in Wisconsin: A 1990 Update Report on the Long Range Plan")

Not only is securing child care an issue, finding certified child care is an additional obstacle for families, particularly those with limited resources. State guidelines place a limit on the number of children in a classroom and specify health standards and building code standards that child care providers must meet. An uncertified child care center may provide adequate care but is less likely to provide the kind of quality care a certified center would. For example, uncertified centers are likely to serve more children than state standards allow. A 1987 Department of Health and Social Services Report on the quality of child care in Wisconsin reported several disturbing findings with respect to adequacy of child care:

- Child care officials in Wisconsin believe that as many as 80% of Wisconsin children are cared for in unregulated settings.

- AFDC recipients, who are in training or education programs generally do not use child care centers because their income is not sufficient to afford the costs charged by such centers. ("Child care in Wisconsin: A Report on the Long Range Plan", Division of Policy and Budget, Wisconsin DHSS, 1991)

The Wisconsin Education Association Council reported that in 1991, 50% of mothers with preschool children worked and 68% of single mothers worked. (Wisconsin Education Association Council, Educators School Improvement Report, 1991) The average annual amount spent on child care in Wisconsin is $3,000 for a pre-school child, and $4,000 for infants. (Milwaukee Public Schools, Programs for Young Children, January, 1991) The Wisconsin Child Care Improvement Project, a coalition of early childhood agencies and organizations, found that existing child care resources served only 28% of children needing care in 1990. They found that a total of 212,703 children in Wisconsin under age ten had no access to licensed child care. This study found shortages spread throughout the state.

- Dane County fared the best serving 61% of those needing day care. All other counties were substantially below this level of service: Eau Claire and Waushara counties -41%, Clark County-9%, Taylor County- 7% and Florence County-3%. (The Milwaukee Journal, 4/17/90)

These figures suggest that all of Wisconsin suffers from inadequate and poor quality child care. Other issues such as staff retention at child care centers pose problems for maintaining high quality child care. The State of Wisconsin sees an annual turnover rate of 40% for child care staff. ("Child care in Wisconsin: A Report on the Long Range Plan", Division of Policy and Budget, Wisconsin DHSS) The very low pay of these positions is one important reason why it is difficult to retain qualified staff.

Nationally, in 1990, child care workers earned 30-60% less per hour than kindergarten or elementary school teachers. When child

care workers salaries were compared with women workers with the same level of education, the difference in earnings per hour is greater than 40%. (Wall Street Journal, 4/02/90) In Milwaukee, the average pay of child care workers is $4.92 an hour, barely $10,000 annually. (4Cs of Milwaukee County, October 28, 1991)

These numbers show that families are continually struggling to make ends meet economically and still take good care of their children. The federal government has been slow to recognize this growing need for all families, but fortunately legislation has been passed authorizing new money for child care. This additional funding should help to make strides toward decreasing the numbers of children and families in need of care.

LACK OF EARLY CHILDHOOD EDUCATION

Effective early childhood education is critical for the success of early childhood education:

The vital importance of early childhood education has increasingly been recognized by early childhood experts. This is especially true for low income children. An educational program that has had documented success with low income, ages 3 to 5, and their families is Head Start.

- In 1989, it was estimated that 30,000 eligible children in Wisconsin were not served by this program due to lack of funds. (Children's Defense Fund, State of America's Children, 1991).

- In Milwaukee, it is estimated that at least 6,000 eligible children can not be served by existing Head Start resources. (1990 SDC Head Start Needs Assessment, June, 1991)

New federal money for Head Start programs will begin to serve many of these children in the 1990s. Four year old kindergarten has also helped numerous children. Such programs, as well as community based child care and education programs that provide a range of services to young children and families, need to be maintained and expanded to continue assisting all children, particularly those who are low income.

HOMELESSNESS

A poor child in Wisconsin is at greater risk of becoming homeless:

National studies find that poor families spend as much as 70% to 80% of their income on housing. (USA Today, July 30, 1991) The growing inability to secure rental housing or afford a home has been caused by two major economic and social trends.

- Newly created jobs do not pay family sustaining wages.

- The growing number of single parent families (one wage earner).

Those who turn to Aid To Families with Dependent Children (AFDC) for assistance find that a substantial portion of their income is devoted to housing. In 1989, it was estimated that AFDC recipients in the Milwaukee area spent up to 75% of their incomes on housing. Wisconsin's Fair Market Rent rate that year was 73% of AFDC benefits for a family of two. (City of Milwaukee, Comprehensive Housing Assistance Plan, 1990)

How many children are homeless in Wisconsin?:

- The Wisconsin Legislative Reference Bureau estimated that, in 1990 there were 42,000 persons who were homeless at some point during the year. Approximately 42% or 19,000 of those individuals were family members. It is estimated that at least 25% or **at least 10,500 of those family members were children.**

Milwaukee measures the number of homeless incidents through calls to First Call For Help's Emergency Shelter Hotline and data collected from the State of Wisconsin's Homeless Shelter Subsidy Program.

- According to First Call For Help, the total number of persons seeking shelter in Milwaukee in 1990 was 10,740, this represented an increase of 16% increase over 1988 and a 82% increase since 1986.

- Families represented 85% of all persons served by the Emergency Shelter Hotline in 1990.

- Family heads comprised 60% of the callers in 1990 versus 56% in 1986. 74% of the 1990 callers were single women and women with children, compared to 72% in 1988 and 1986. (1990 Emergency Shelter Task Force Annual Report)

Although being homeless is a temporary situation for many children and families, chronic homelessness remains a problem for some families. Even one episode of homelessness can have severe psychological ramifications for children.

How does being homeless affect a child?:

In a study comparing homeless families and public housing residents, the Children's Defense Fund found that problems such as infant mortality and inadequate education were pronounced among low income families and children who were homeless:

- The infant mortality rate for homeless families was 25 per 1,000. For public housing residents, the rate was 17 per 1,000 and the national average was 10.

- The infant mortality rate for mothers receiving no prenatal care was as follows: homeless mothers-40%, mothers in public housing-15% and the national average was only 2%.

- Homeless mothers had babies born at low birth weight 16% of the time, public housing mothers had low birth weight babies 11% of the time and the national average for low birth weight was 7%. (USA Today, "Homeless Children, a National Tragedy", July, 30, 1991)

The emotional and social consequences of being homeless can be very damaging. The sudden loss of a child's home, books, toys and furniture because of an eviction or the process of moving from shelter to shelter is very common for homeless families. A United States Conference of Mayor's study surveyed homeless shelters recently and found that, nationally, 62% of shelters had to break up families in order to get them all shelter. (USA Today, 7/30/91)

Being separated from one's family brings emotional upheaval in a child's life. There are some incidences where the emotional trauma is so severe that a school aged child reverts back to toddler like behavior. Less dramatic reactions are withdrawal from social activities, such as school. This behavior inhibits a child's ability to learn in school and form relationships with other children. (*USA Today*, 7/30/91) The impact of homelessness on education is also very clear, national studies reveal that:

- 30% of homeless children repeated a grade versus 18% of housed low income children;

- 28% of homeless children were placed in special education classes versus 24% of housed low income children.

- 42% of homeless children missed school more than a week of school in a previous semester versus 22% of low income housed children; and

- 17% of homeless children missed more than three weeks in the past semester versus 4% of low income housed children. (USA Today, 7/30/91)

A Stanford University Study, found that homeless children have difficulties that tend to persist even after they have obtained permanent housing. One sixth of the parents interviewed in this study reported that their **children experienced several problems after living in their own permanent housing,** the most commonly mentioned were depression, sadness, disobedience and school difficulties. (Stanford University News Press Courtyard, "Stanford News" Stanford, CA, 11/13/91) This study pointed out that one of the more devastating long term effects of homelessness was,

"the loss of hopes and dreams. Homeless children, like children everywhere, talked about growing up to be ballerinas, sport stars, doctors or lawyers. But they often told those doing the studies that these things would never happen for them, that they were impossible". (Stanford University News Press Courtyard, "Stanford News", Stanford, CA, 11/13/91, p. 1)

By age 5, a child should be socially and emotionally prepared to enter school. Tragically, the obstacles many low income children have encountered in the first five years of life can place them at a significant disadvantage to begin their elementary education.

CHILDREN 6 -12

The Standard

Middle childhood is a critical period of "significant intellectual, social, emotional and moral growth...School experiences are especially important, success or failure in school and relationships with peers influence children's attitudes. Social roles, attitudes, behaviors, value systems and cultures begin to be shaped at this age." (National Commission on Children, Beyond Rhetoric, pp. 49-50)

The Reality:

Risks of Poverty:

LOW EDUCATIONAL ACHEIVEMENT

A poor child is more likely to encounter difficulties in learning.

Education is a vital ingredient in the growth and development of children through their middle childhood years. Inadequate primary education leaves a child ill prepared, both academically and socially, to face the challenges of high school and beyond. **A shocking recent finding was that 2/3 of children who were diagnosed as mildly retarded in Wisconsin schools had grown up in poverty** (Wisconsin Division of Health, Healthier People). Public schools are a major shaping force in the life of poor youngsters. It is one of the few institutions they can "afford" to go to. Therefore, it is essential that poor children in public schools are provided every opportunity to succeed. Success in school will greatly enhance a child's ability to excel in other areas of their life.

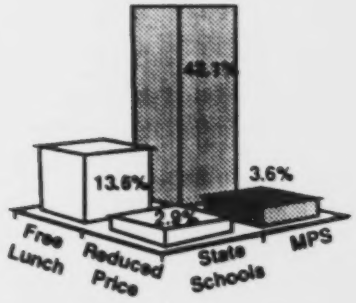
A poor child is a member of a poor family.

Eligibility For Free/Reduced Price Lunch:

One indication of the numbers of poor children attending public schools are those students eligible receiving reduced price or free breakfast and lunches.

➡ Statewide, the total number of free lunches served on any given day in the 1989-1990 school year was 106,766 or 13.6% of the state school enrollment. The total number of reduced price lunches served was 22,680 or 2.9% of state public school students. (Joyce McLaughlin, DPI Food and Nutrition, telephone interview 5/21/91) In the same year, substantially more Milwaukee children were eligible for free or reduced price lunch.

Reduced Price/Free Lunch for Public School Students



Source: State DPI, Milwakee Public Schools

More recent data indicate that growing numbers of Milwaukee children are defined as eligible for free or reduced price lunch.

➡ **As of September, 1991 in Milwaukee, 58,909 or 59% of enrolled students were eligible for free lunch and breakfasts.**

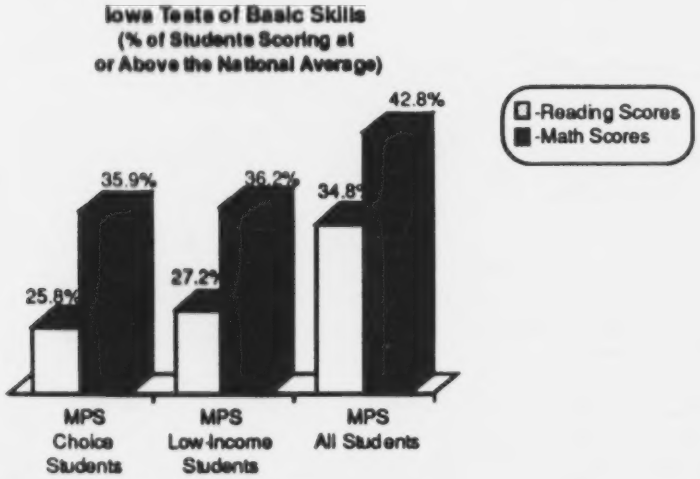
➡ However, not all eligible students are receiving free or reduced price lunches. 81% of eligible children are being served free lunches, only 40% of eligible students were receiving reduced price lunches. (Mary Krall, Milwaukee Public Schools, October 28, 1991)

➡ Very few eligible students in MPS are taking advantage of free or reduced price breakfasts. 8,880 enrolled students or 15% of eligible students take advantage of free breakfast, only 82 or less than 1% of eligible students take advantage of the reduced price breakfast program. (Mary Krall, MPS, October 28, 1991)

MPS officials indicate that they have the capacity to serve all eligible children, but for one reason or another, all eligible children do not take advantage of the programs.

School Achievement:

MPS data released on Milwaukee's School Choice program illustrate clearly that poor children, enrolled in Choice or not, are faring worse educationally. Milwaukee's School Choice program allows the parents of up to 1,000 children to enroll their child in a private school at the state's expense. The profile of Choice students is that they fare worse financially than poor children enrolled in MPS. 72% of families with children enrolled in Choice schools had an annual income below $15,000. The annual income of poor families in Milwaukee Public Schools (as measured in a 1989 random survey) was less than $15,000 for 47% of families. The first evaluation also revealed that, to date, choice students have fared worse educationally than poor children in enrolled in public schools and school averages. (The Milwaukee Journal, "Scores Aren't Up Under Choice", 11/21/91)



Source: Milwaukee Public Schools, 1991

For the 1990 - 1991 school year, the percentage of all students scoring at or above the national average on the IOWA Basic Skills tests in Grades two (2) and five (5) reading and math show a similar pattern from the scores of the two previous years. In most cases, less than half of MPS students are scoring at or above the national average in reading and math.

The breakdown for MPS students scoring at or above average in Grade 2 was:

- For reading, system wide scores were 43%, for Native Americans - 36% above average, African Americans -32%, Hispanic - 39%, whites - 64%, Asian -52%, and other- 50%.
- For math, system wide scores were 52%, Native American- 52%, African American - 41%, Hispanic - 51%, whites - 71%, Asians - 70%, and other - 65%.

For MPS students scoring at or above average in Grade 5 was:

- For reading, system wide scores were 37%, for Native Americans - 41%, for African Americans - 26%, Hispanics - 36%, whites - 59%, and other - 39%.
- For math, system wide scores were 46%, for Native Americans - 49%, for African Americans - 34%, for Hispanics - 49%, for whites - 67%, for Asians - 67%, and other - 57%.

Another indicator used to measure the performance of elementary school students is the Wisconsin's Grade Three (3) Reading Test.

- MPS students across the board fared worse in 1990 on the Wisconsin Grade 3 Reading Results test than in 1989. The scores of African American students dropped from 64% to 54% above standard, Hispanic students' scores dropped from 73% to 65%, white students' scores dropped from 86% to 80% above standard. (Milwaukee Public Schools "Indicators of Educational Effectiveness", 1991)

Other reasons for not succeeding in an educational setting include:

- Children are not fed adequately at home. Insufficient food and nutrition causes concentration problems at three times the rate of children with sufficient food. (Food Research Action Coalition, Community Childhood Hunger Identification Project, 1991) Inability to concentrate impairs a child's ability to learn.
- Inability to secure routine medical care means that poor children get sick more often causing them to miss school.
- Poor families move more frequently than do families with stable incomes, which often means changing schools and disruption of their education. In the 1987-1988 school year (the most recent year data is available), 31% of all elementary students entered or left during the school year. For many of the schools located in the central city area, the percentage mobility was substantially higher, 61% at Palmer school, located Milwaukee's near north side.

A poor child is a member of a poor family.

(Milwaukee Public Schools, School/Student Statistical Profile, 1987-88 School Year, February 21, 1989)

- The sharp increase in the number of younger children in public schools has also caused difficulties. The public school system in Milwaukee has had difficulty dealing with the increases in the growing influx of young minority students, referred to as the "mini baby boom" . (Public Policy Forum, Public Schooling in the Milwaukee Metropolitan Area, 1988)

- In 1988, there were 2,900 more elementary level students in Milwaukee Public Schools than four years ago. Suburban school districts saw an increase of 1,700 K-6 students. Additional students in suburban schools were absorbed by the 33 surrounding suburban districts. MPS has had to find room for almost twice as many young students within one school district. (Public Policy Forum, Public Schooling in the Milwaukee Metropolitan Area, 1988)

Despite dramatic increases in the number of students, spending per pupil remains lower than several suburban districts who have experienced substantially less growth in the number of students:

- In 1990-1991, MPS spending per pupil ranked 12th in the five county area, behind more affluent suburbs such as Elm Grove and Grafton. (Public Policy Forum, Public Schooling in the Milwaukee Metropolitan Area, 1992)

Lower per pupil spending on students and more students in a school district does not reduce quality in and of itself but will cause conditions that may hamper the success of educational efforts. One means of measuring quality is classroom size.

- In 1988, 51% of five year old Kindergarten through Grade 6 students in Milwaukee Public Schools found themselves in classrooms with between 25 and 28 students.

- There were a few classrooms that exceeded that number; 8% of classes had a 29 to 1 ratio, 8% had a 30 to 1 ratio and 5% had a 30 and above to 1 ratio.

- The suburban school districts student-teacher ratios that year ranged from 13 to 20 students per class. (Public Policy Forum, Public Schooling in the Milwaukee Metropolitan Area, 1988)

With fewer students in a class, there is more opportunity for individualized attention and assistance. Disadvantaged children often need additional assistance in getting involved in classroom activities. At present, those students who are particularly in need of this specialized assistance, will be less likely to receive it because the teachers simply cannot devote this kind of time in a overcrowded classroom.

Inadequate basic education and supportive services in the elementary years leaves a child ill-equipped to enter high school with necessary skills for graduation, further education, and job opportunities.

VIOLENCE

A poor child will live in a neighborhood that contains more risks and fewer opportunities.

When a poor child comes home from school, he/she is often returning to a neighborhood that poses challenges and risks. Children in some of Milwaukee's central cities live in increasingly dangerous neighborhoods. Many times, children in these neighborhoods are "...already poor, and perhaps face parental problems related to poverty - both as a cause and effect. Untreated trauma related to community violence may well be the last straw for them." (Garbarino et al., Children in Danger, 1992, San Fransisco, CA, pp.4,5) This pattern has been very evident in Milwaukee's central city. The tragic story of a nine year old girl, Shereker Wilkins, killed by a bullet while playing on her mother's bed is one of many grim reminders that children are not safe in many neighborhoods.

Children do not have to be actual victims to be affected by violence going on around them. Consequences of exposure to violence can be

very damaging to a child's growth and development, documented consequences include "developmental impairments, emotional trauma, fear, violence and hatred". (Garbarino et. al., Children in Danger, 1992, San Fransisco, CA)

According to Milwaukee Public School social workers, many children in certain central city schools have witnessed or been a victim of a violent act. It is believed that violence or the threat of violence can contribute to poor performance in school, low self esteem and violent behavior. (Milwaukee Sentinel, 10/04/90)

Osofsky and Associates (1991) have documented very specific reactions of children to chronic community violence, including;

- concentration deficits attributed to trouble sleeping, and frightening dreams and visions;
- damaged memory because they avoid thinking about images and violence in their minds and surrounding them;
- strong, yet nervous attachment to their mothers;
- aggressive play behavior, imitation of observed violent behaviors, behaviors that demonstrate a child can protect him/her self.
- acting tough or uncaring to hide real fears; and,
- curtailing normal activities, creativity, and thinking for fear of reliving a violent or traumatic event. (Garbarino et. al., Children in Danger, 1992, San Fransisco, CA)

Other studies document very disturbing manifestations of exposure to violence:

- Children exposed to violence at a young age (pre-school) have a tendency to become withdrawn and passive and may revert to actions like bedwetting and clinging to their parents.
- Older children exposed to violence show little interest in activities and tend to become more aggressive and hostile towards others.
- Adolescents who are chronically exposed to violence are more likely lean toward substance abuse, promiscuity and suicide. (Milwaukee Sentinel, 10/04/90)

When violence is such an integral part of a child's everyday life, it becomes more routine and less shocking. Unfortunately, older children may imitate what they constantly see and act out in a violent manner. Researchers at the Erikson Institute for Advanced Study in Child Development concluded in Children and Danger: Coping with the Consequences of Community Violence, that

> *"... Many children in in America's central cities carry a load of anger that is hard to control, identify with people around them who are hostile and violent; are not able to build up inner controls because they are continually bombarded from the outside with violence and violent behavior; and lack a notion for the future."* (The Milwaukee Journal, "Impact of Violence Recognized", February 3, 1992)

A child growing up in a violent environment is less likely to develop positive self esteem (Milwaukee Sentinel, 10/04/90). **Children who lack respect for themselves will certainly will have less respect for others which may make violence against others an easier answer to their problems.**

Beyond concern over violence in a neighborhood, low income children are exposed to neighborhoods that are run down with boarded up housing. They see young men and women, sometimes their parents, who are not working and "hanging out". They also see gang graffiti covering buildings. All these negative images can negatively influence a child's view of the world.

A youth interviewed in the Social Development Commission's study of minority youth alcohol and drug use described his neighborhood: 'Look around. You can't even walk around without seeing beer cans, trash all over the alley. If you cross the street to the park, the cans are full, and it's been two weeks since the city has been around. And because of the gangs. When I was younger it was a good

neighborhood.' (The Cultural Context of Drugs and Alcohol Use Among Youth, June 17, 1992., p.78)

Billboards with negative messages are also more prevalent in central city neighborhoods. According to a recently released Milwaukee Council on Alcohol and Drug Abuse (MCAODA) study, corridors in some of the central city zip codes (defined in this study as 53204, 06, 08, 09, 10 and 12) had as high as 80% of all billboard advertising devoted to alcohol products. (MCAODA, August, 1991)

NO PLACE TO PLAY

A recent Public Policy Forum concluded that there were "95,000 children and youth in Milwaukee's central city with not enough to do..." (Public Policy Forum, The Serious Business of Play, 1991) **This study found the areas in Milwaukee that were the most underserved were also those areas that contained the most serious social problems.**

Children who do find places to play may be exposing themselves to danger as a result of faulty equipment and inadequate safety precautions. A Milwaukee Sentinel inspection of Milwaukee playgrounds found that only 5 playgrounds in the City of Milwaukee did not have serious safety problems. Shrinking recreation budgets, which dropped as much as 89% over the last decade, are partially blamed for the severely inadequate facilities. (Milwaukee Sentinel, "Public Play Areas Pose Serious Safety Hazards", July 4, 1992) Violence in impoverished areas often prohibits children from playing outside their homes as many children enjoy doing in safer neighborhoods. It becomes necessary to provide other outlets for recreational activity.

The Boys and Girls Clubs of Milwaukee, Milwaukee Public Schools and other community organizations have helped to provide alternatives but more help is needed. Providing positive alternatives can produce unquantifiable benefits for children.

Summary:

As children begin their formal elementary education, they build new social structures for themselves, moving away from their families and learning about their new social environments, particularly schools and neighborhoods. As children are learning about these new environments, poverty increases their risk of encountering learning difficulties in school, limited and many times, unsafe, recreational and social opportunities. This limited educational and social foundation can leave a child ill-prepared to face the multiple challenges that await them in their teenage years.

ADOLESCENCE, AGES 13 - 18

The Standard

"Adolescence marks the critical passage from childhood to adulthood. As young people learn to connect future consequences with present actions, most experiment with behaviors they believe are part of adult life. As they strive to become grown-ups, many feel they are invincible or immune from harm. Feelings of invulnerability and a propensity for risk taking (in moderation) are healthy and normal for most adolescents. Yet without consistent and caring adult guidance and monitoring, some young people are vulnerable to excessive behavior and mistakes that can harm their own health and development, their families and their communities." (National Commission on Children, Beyond Rhetoric, p. 50)

The Reality

Risk factors for adolescents are many, they include; school failure, crime and delinquency, substance abuse and teenage pregnancy. The ramifications of making negative life choices are important and long lasting.

FALLING BEHIND/DROPPING OUT

Learning difficulties are compounded as a child progresses through high school:

Measures that gauge the quality of education include dropout rates, rates of suspension, grade point averages and test scores. In each of these areas, low levels of educational attainment remain a problem for low income and minority students.

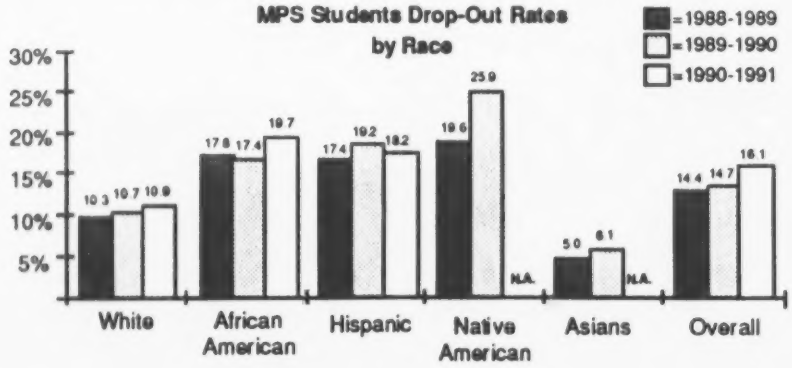
For **middle school students**, system wide indicators include the IOWA Basic Skills Test and number of suspensions.

- For reading scores, the system wide percentage above average was 41%, for Native Americans - 44%, for African Americans - 29%, for Hispanics - 34%, for whites - 62%, Asians - 48%, and other 48%.

- For math scores, the system wide percentages were 38%, for Native Americans - 35%, for African Americans - 25%, for Hispanics - 35%, for whites 61%, for Asians, 56%, and other - 49%

Other system wide data on middle school students include the rate of suspension. For the last three years, including the 1990-1991 school year, more middle school students were suspended (22% in 1990-1991) than high school students (16% in 1990-1991). (Milwaukee Public Schools, Progress Toward the 1990-1995 Goals, April, 1992)

For **high school students**, the educational indicators are several and all are troublesome.



Milwaukee's high rate of dropouts accounted for almost half or 48% of the State's drop out rate in the 1990-1991 school year. (Wisconsin Department of Public Instruction, 4/10/92). For the same year, the dropout rates statewide for

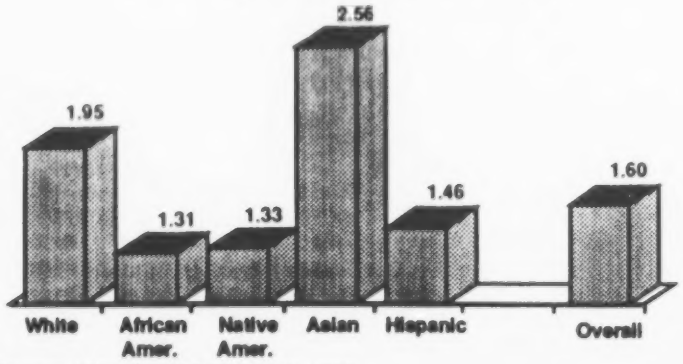
racial and ethnic groups were similar to those of Milwaukee's school district, but lower in each racial and ethnic category: African Americans - 15.67%, Hispanics - 9.72%, American Indians - 6.28%, Asian Americans - 2.45% and whites - 2.08%. (Wisconsin Department of Public Instruction, April 10, 1992) Wisconsin Department of Public Instruction Superintendent, Herbert Grover, said of Milwaukee's educational indicators:

> **'We can't continue to have in certain districts, including Milwaukee, the humongous dropout rates...These people are generally disenfranchising themselves from participating in the American economic opportunity. We're going to grow such an underclass. That should fill us all with unease and discomfort.'** (Milwaukee Sentinel, Grover, Herbert, "High School Student Dropout Rate Rises", April 10, 1992)

Of those who remain in school, very few fare better than average in terms of grades.

➡ The average g.p.a. of MPS students was 1.64, the g.p.a. for Asian students was 2.75, for whites - 1.96, for Hispanics-1.59, African American-1.4, and American Indians-1.4.

Milwaukee Public School
High School Grade Point Average



Source: Milwaukee Public Schools, 1990

A Greater Milwaukee Education Trust study that looked at data from the 1989-1990 school year, revealed more specific information about children as they progress through high school.

➡ At two MPS middle schools studied, Fulton and Parkman (both located on Milwaukee's near north side), only 22% and 28% of students (respectively), eventually graduated from high school.

➡ At seven of 15 MPS high schools, the first semester grade point average of African American freshman was below 1.0. Hispanic freshman had grade point averages of less than 1.0 at two high schools, white students' average g.p.a. was not below 1.0 at any high school.

➡ Only 40-45% of MPS high school freshman will graduate in either four, five or six years. Although the number of African American freshman has increased each year since 1980 to a total of 4,461 in the 1989-90 school year, only 1,500 African American students have graduated each year.

➡ Of those who graduate, 36% graduate with a D average. Overage students are a high percentage in schools classified as "non-specialized". For example, there are approximately 500 eighteen year olds in MPS's tenth grade. (Greater Milwaukee Education Trust, Our Schools, Our Future, A Community Call to Action, April, 1991)

Nationally, and in Wisconsin, it has been shown that a sizable majority of the prison population have not finished school. **In 1988, high school dropouts comprised 75% of Wisconsin's prison population.** (Public Policy Forum, Public Schooling in the Milwaukee Metropolitan Area, 1988) Clearly, limited education was an obstacle to success prior to their committing crime and will remain an obstacle once they are released.

The number of high school graduates who continue their education has slowly climbed upward, from 54.6% in the 1986-1987 school year to 58.2% in 1990-1991 school year. (Public Policy Forum, Public Schooling in the Milwaukee Area, 1992, June, 1992) Of those MPS students who continue beyond high school, minority students tend to be enrolled in less career oriented courses. For

example, Milwaukee Area Technical College enrolls more minority students than any other post high school educational facility in Milwaukee County.

However, a recent affirmative action report released by MATC concluded that minority students were more concentrated in General Equivalency Degree programs had lower enrollment in the Associate Degree programs offered. More troubling is that African American students dropped out at three times the rate of of whites, Hispanics and Native Americans dropped out at twice the rate of whites. (Milwaukee Sentinel , December 25, 1989) An encouraging note is that the University of Wisconsin - Milwaukee had a 6.2% increase in minority enrollment over the 1988-1989 school year, however school officials say they have more work to do in terms of attracting minorities. (Milwaukee Sentinel, 9/13/90)

UNEMPLOYMENT

- Between 1985 and the end of 1987, the number of available jobs in Milwaukee's summer youth employment programs dropped from 11,125 to 8,416, and this trend of reduced funding has continued.
- Recent studies (1989) have shown the overall Wisconsin jobless rate for youth to be around 18%.
- Unemployment rates are particularly high for African American and Hispanic youth. The minority youth jobless rate statewide in 1989 was 35.8%, up from the 1988 rate of 28.7%.
- In 1989, the African American youth unemployment rate in Milwaukee was 51%, as compared to a rate of 17.2% for White youths. (The Milwaukee Journal, 12/04/89)

For those who are able to work, wages have not kept pace.

- Nationally, real median income for young males has dropped 25% between 1978 and 1988.
- For those who do not complete high school, the picture is even bleaker. The mean annual earnings for male school dropouts was $6,275 in 1986, a 42% drop since 1973.
- Only 55% of male dropouts under age 30 are employed, of that number, only one in five secures a full time job. School dropouts comprise a substantial portion of the State's AFDC population - 80%. (Public Policy Forum, Public Schooling in the Milwaukee Metropolitan Area, 1988)

Not counted in unemployment statistics are those youth not actively seeking employment for various reasons including "discouragement" from failing to find a job. Inability to secure employment will increase the likelihood of turning to the illegitimate economy to find financial stability.

Conditions of poverty and the inability to secure employment also tend to erode the self esteem and confidence of young women and men. Their aspirations and options, perceived and sometimes real, become more narrow. The late Ernest Spaights, professor of Social Welfare and Educational Psychology at University of Wisconsin-Milwaukee believed the state of hopelessness of many minorities had profound implications. The despair can lead people to engage in behaviors that are destructive to themselves and others like themselves. (Milwaukee Sentinel, 11/27/90)

ALCOHOL AND DRUG ABUSE

Alcohol and drug abuse is often a more attractive option for impoverished youth:

According to national studies, there has been a steady upward trend in the prevalence of alcohol use among high school seniors and it has also been noted that youths are drinking at an earlier age. The use of drugs such as marijuana and cocaine seem to have peaked, but usage by many groups remain relatively high. According to the National Institute on Drug Abuse 1990 High School Drug and Alcohol Use Study, white high school students had a higher percentage of all forms of drug and alcohol use.

- 6.1% of African American and 11.9% of white high school students reported use of cocaine at least once in the past year.

- 24% of African Americans and 50% of white students reported consuming 5 drinks in a row in previous two weeks.

- 29.8% of African American and 40% of white students reported use of marijuana at least once in the previous year. (Milwaukee Journal, 2/25/91)

The results of these high school studies have been criticized because they do not survey youth who have dropped out of school and therefore may not accurately reflect the entire high school aged population. Other findings on youth substance abuse in Wisconsin and Milwaukee are:

- The Wisconsin Office on Alcohol and Other Drug Abuse estimated that there are 85,321 alcohol and drug abusers in Milwaukee County, a disproportionate number of whom are ethnic minorities, specifically African American, Hispanic and American Indians. (DHSS, 1990)

- The Milwaukee Police Department estimates that alcohol and drug abuse is involved in a majority of crimes committed by both juveniles and adults. (DHSS, 1990)

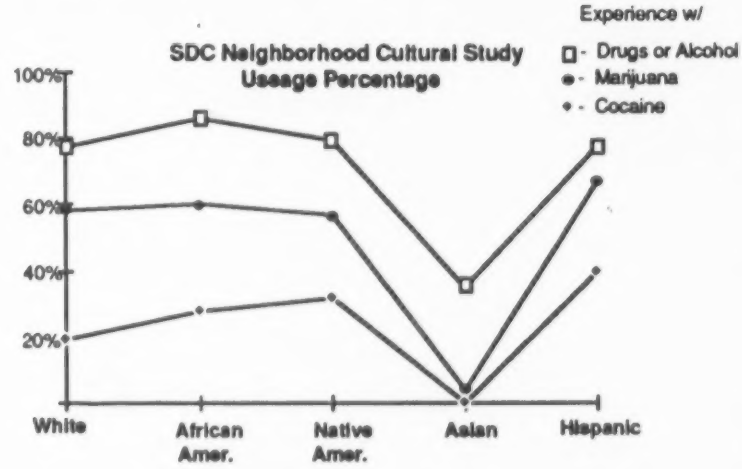
- The number of drug related arrests has grown considerably over the last year. **From January to July of this year, there have been 1,087 drug related arrests, versus only 420 arrests during the same time last year.** (Milwaukee Sentinel, 7/03/91)

Little data are available on the extent and nature of substance abuse among youths in the City of Milwaukee and Milwaukee's Central City.

- Some estimates indicate that 13,242 people in Milwaukee's primary central city zip codes (53204, 5, 6, 8, 10 and 12) are addicted to drugs. (Milwaukee Council on Alcoholism, 1989)

- A 1990 estimate gives the following breakdown for AODA addicted minorities in the central city area as the following approximations: 9.5% or 7,730 white persons, 12.8% or 10,075 African Americans, 13.9% or 380 Hispanics and 22.6% or 355 American Indians are addicted to alcohol and/or drugs. (Wisconsin DHSS, 1990)

The Social Development Commission (SDC) Cultural Context of Alcohol and Drug Use study, among youth who were interviewed:



Source: Social Development Commission, 1991

- A substantial number of respondents, particularly Native Americans, grew up families where one or more members abused alcohol: 64% of Native Americans, 45% of whites, 39% of African Americans, 35% of Hispanics and 11.5% of Southeast Asians reported growing up with an alcoholic parent or relative.

- The number of respondents reporting use of drugs by family members was also high; 57% of Native Americans, 48% of whites, 40% of African Americans, 36% of Hispanics and 4% of Southeast Asians reported incidence of drug use in the home. (SDC, The Cultural Context of Drug and Alcohol Use Among Youth, June 17, 1992)

These findings suggest that drug and alcohol use in Milwaukee's central city is pervasive among youth and their families. Youth interviewed

expressed the view that peer pressure was intense. *'I consider this the ghetto, I consider this where most of the drugs happen, you know, where you mostly get peer pressured. There's too much peer pressure. Everything is bad down here where we live, the drugs, the crime, the murders, everything.'*

Supportive parents who "practiced what they preached (e.g., did not drink or use drugs) appeared to positively influence their children's decisions about alcohol and drug use (SDC, The Cultural Context of Drug and Alcohol Use Among Youth, June 17, 1992)

Recent studies have also pointed out the link between substance abuse and juvenile crime. The Wisconsin Council on Criminal Justice noted that of the 26,426 juvenile arrests in 1985, a total of 1,357, i.e., 75%, were directly related to substance abuse. (Youth Diversion Program, Community Relations-Social Development Commission, informal discussions with staff and the Milwaukee Police Gang Squad unit, October 1988) The Milwaukee Police Department indicated that of the 2,014 substance abuse related arrests made in 1985, 19.1% involved juveniles. (Milwaukee Sentinel, "Police Seen As Gaining in Drug War", July 3, 1991)

RUNAWAYS

Children who are feeling insurmountable pressures are more likely to run away:

Children run away from home for a variety of different reasons. Many children are running away or being forced to leave home at younger ages than ever before, and they are running away as a result of more serious crises. Sometimes it is an abusive home environment.

- Milwaukee Police Department officials indicated that between 1980 and 1989, 5,400 youth were reported as having run away. That number increased by an additional 600 youth in 1991.
- The two primary providers of emergency shelter to youth reported assisting a record number of runaway and homeless youth in 1990. Between 1980 and 1991, the annual average number of youth served was 392. In 1990 alone, 487 youths were assisted. (Walkers Point Center, October 1991)
- The number of minority youth using shelters has also grown. (The Milwaukee Journal, "Great need for shelter reported",11/27/89)

Runaway children have common problems, such as finding shelter, food and income. Juveniles who are on their own may need to resort to extraordinary measures to secure their needs, which may mean involvement in criminal activity.

TEENAGE PREGNANCY

Motherhood at an early age is a choice made by adolescents who lack hope for their future:

Teen pregnancy remains a national as well as a local problem with lifetime consequences for child, parent(s) and the larger community. According to the State of Wisconsin, Department of Health and Social Services, Division of Health:

- Teenagers accounted for 15% of all births or 2,611 teen births out of a total 17,009 births in Milwaukee County in 1989. (the latest year for which data are available)
- In the City of Milwaukee, teens accounted for 19% of all births or 2,429 out of 12,786 total births. (Milwaukee Department of Health, Department of Vital Statistics, October, 1991)
- 45% of teen mothers in the City were African American, 45% were white and 10% were of other races (ibid). A 1989 report estimates that as many as 40% of African American high school dropouts list pregnancy as their reason for leaving school. (Senator

Gary George, African American Community Health Report, August, 1990)

The serious nature of Milwaukee's teenage pregnancy rate for minorities is underscored in recent national reports on the problem.

- A 1989 Children's Defense Fund report found that African American teens in Milwaukee had the highest rate of teen pregnancy relative to cities with populations over 500,000.

- The most recent CDF study (February, 1991) looked at cities with populations over 100,000 and ranked Milwaukee fifth in births to African American teenagers. (Milwaukee Sentinel, "New Report Ranks City Fifth Births to African American Teenagers", February 20, 1991)

- In 1990, 31% of births to African American mothers were births to teen mothers. White teenagers accounted for 10.3% of all births to white mothers. The overall teenage pregnancy rate for all races was 19.3%. The national averages were 10.4% for white teenagers, 22.6% for African American teenagers and 12.4% for all races. (Milwaukee Sentinel, "New Report Ranks City Fifth Births to African American Teenagers", February 20, 1991)

Health Problems Associated With Teen Pregnancy:

The health problems associated with early childbearing can have serious consequences for teenagers. The suicide rate among Wisconsin's pregnant students under 18 years of age is ten times greater than the rate among non-pregnant students. The risk for a variety of medical complications, including toxemia, anemia, and prolonged labor is elevated for pregnant adolescents. Other health problems of teenage mothers include a greater risk of:

- miscarriages and stillbirths;

- maternal mortality and morbidity;

- having a low birth weight infant, teen mothers are twice as likely to have low birth weight infants than older mothers.

- not securing prenatal care (two to four times more likely as pregnant adults to have no prenatal care or to obtain it too late). (Teenage Pregnancy, The Problem That Hasn't Gone Away, The Alan Guttmacher Institute, 1981)

Children born to teenage mothers are more likely to:

- be born prematurely, die at birth and have physical and mental abnormalities than those infants born to mothers over 20 years of age. (Wisconsin Department of Health and Social Services, Maternal Child and Health Statistics, 1988);

- be injured and to be hospitalized by age five than children born to older mothers;

- develop school and developmental problems and mild behavior disorders in school.

- be the victim of abuse and neglect. (Wisconsin Department of Health and Social Services, Maternal and Child Health Statistics, 1988)

Teen mothers are most often unmarried. They are three times more likely to become divorced or separated than are those who delay childbearing. As a result, babies of teenagers are far more likely to spend a large part of their childhood in one-parent households. (Teenage Pregnancy, The Problem That Hasn't Gone Away, The Alan Guttmacher Institute, 1981)

There is no single predictor of teen pregnancy though several factors are known to place teens "at risk" for pregnancy. Dropping out of school, being unable to find employment, lacking a sense of self-esteem, and growing up in an atmosphere of poverty are all factors that place youth at risk. Another common factor is childhood sexual abuse which may impair the young woman's ability to make sound decisions about sexual activity. Incidences of teen pregnancy tend to occur in concentrated geographic areas. Where teen pregnancy is more common, it may increasingly be considered normal, desirable and even expected. (Teenage Pregnancy, The Problem That Hasn't Gone Away", The Alan Guttmacher Institute, 1981)

Teenage fathers have largely been ignored by policy initiatives designed to combat the teen pregnancy problem. At present, few programs exist for teen fathers. Programs supposedly planned for both young men and women are often heavily geared toward women. The relatively scarce data available on teen fathers indicates that they experience school dropout and financial problems related to their parenting situation.

Beyond the physical and social costs of teenage childbearing, there is a growing economic pricetag for children having children. The Center for Population Options estimated that in 1991, **$427 million would be added to the costs for Aid to Families with Dependent Children (AFDC) rolls as a result of teenagers bearing children.** (Bradee, Richard, "Births in State to Unwed African Americans Still Leading U.S., Milwaukee Sentinel, September 22, 1990)

It is critical to recognize that teen mothers have babies who are likely to begin life in poverty. These children begin experiencing the cycle of poverty before they are born. This new generation of infants will face the risks of poverty through out their life. Recognizing and addressing the cyclical nature of poverty and how it can be passed from generation to generation families is essential.

GANG ACTIVITY

Gang membership and activity is an alternative social support structure for many impoverished youth:

- It has been estimated that there are between 20 and 27 gangs operating in Milwaukee with over 4,000 members in all.

Generally, the highly organized core gang members are those responsible for illicit activity. However, those who want to be accepted have been asked to carry out increasingly violent acts in order to initiated into gang membership.

- Gang related homicides accounted for 21.2% of all the homicides committed in 1990. (Milwaukee Journal, "Gangs growing in number, ferocity", 2/3/91) It is estimated that in 1991, 50% of homicides were gang related. (James Mitchell, SDC Youth Diversion Program, November 20, 1991)

- Milwaukee County Children's Court officials estimate that at least 50% of juvenile violent crime and juvenile drug trafficking crime is gang related. (Mario Spalatin, Assistant District Attorney, May 21, 1992)

- Gang crimes unit Director for the Milwaukee Police Department, estimates that a significant number of drive by shootings and violent juvenile crime have a strong connection to gang activity.

- Many children seen at Children's Court are very vulnerable to becoming involved in gangs. Chief Probation Officer, Kathy Malone, indicated that children in impoverished families see gang membership as normal and expected. Gang leaders are admired by many central city youth. (Kathy Malone, Milwaukee County Children's Court, May 21, 1992)

There is also a high degree of alcohol and drug use in Milwaukee's gangs. **According to SDC Youth Diversion Program staff, 85-90% of the gang members they work with are involved in regular drug and alcohol use/abuse. While the number of youths involved in violent crimes is high, the numbers directly involved in organized gang activity are substantially smaller, 700-800 youth. It is estimated that an even smaller group of individuals, approximately 250 to 300 youths are involved in "hard core" drug trafficking activity.** Estimates of youths involved in some form of drug crime, look outs or drug couriers is believed to be higher.

Established national gangs as well new smaller gangs have sprung up around Milwaukee and have been strongly linked to increasing violence, such as the drive by shootings. Recently, Wisconsin Senator Herb Kohl announced that the United States Department of

Alcohol, Tobacco and Firearms Task Force may target Milwaukee as a city to examine a priority city due to increased gang activity, including, growing gun trafficking, violence and drug trafficking activity here. (Milwaukee Sentinel, "US Task Force may target local drug dealing, gangs", 6/28/91)

Guns are increasingly being seen in Milwaukee Public Schools. There has been greater than a fourteen fold increase in the number of guns found in MPS since the 1985-1986 school year, from 5 to 72 in the 1991-1992. (Milwaukee Public Schools, April, 1992)

JUVENILE DELINQUENCY

Involvement in Crime is a More Attractive Option for Impoverished Youth:

Crimes committed by children in Milwaukee have increased by 89% between 1980 and 1990. More disturbing is that juvenile crime against persons have increased 126% since that time. (Milwaukee Sentinel, "County Murder, Paternity Cases More Than Triple in the Last Decade, January 14, 1991) The number of referrals to Milwaukee County Children's Court for juvenile crime and the severity of crimes committed has increased considerably over the last three years, between 1987 and 1989:

- Referrals to probation officers increased from 5,939 to 7,158, 75% of those referrals ended up in court (Milwaukee Sentinel, "Juvenile Center is Overflowing", July 30,1989); and,
- Crimes committed have also increased in severity; between 1987 and 1991, charges for possession with intent to deliver increased from 30 to 128, first degree murder charges increased from 21 to 65, auto theft charges increased from 88 to 203, and armed robbery charges increased from 124 to 378. (Milwaukee County Children's Court, May, 1992)
- Milwaukee County Children's Court has the capacity to handle 88 offenders at one time. Over the last two years, up to 127 juveniles have been housed in this facility. (Tom Brophy, Director, Department of Health and Social Services, June 8, 1992)

Capacity is not only limited at Children's Court, residential treatment centers with waiting lists are also a problem. Children referred for residential treatment may have to remain at the Children's Court Center or be sent to a secure facility because the treatment waiting lists are so long. ("Juvenile Center is Overflowing", Milwaukee Sentinel, July 30,1989) Coupled with the increasing juvenile crime and crowded juvenile facilities has been an increase in the number of juveniles who flee before trial.

- Between 1985 and 1988, one in four juveniles fled before trial. By 1989, that ratio increased to one in three. (The Milwaukee Journal, "More Juveniles Fleeing Before Coming To Trial", 7/15/90).

More Juveniles are Becoming Repeat Offenders:

- Chief Probation Officer for Milwaukee County, Kathy Malone, indicated that through November of 1989, 63% of the 7,079 cases assigned to probation officers involved a child who had been found delinquent of a previous offense or had another charge pending in court.

The increased caseload makes it extremely difficult to sensitively and comprehensively deal with the human aspect of crime. Children's Court Judge Christopher Foley has labelled the current process as "treading is a sea of troubled children." (The Milwaukee Journal , "Sea of Juvenile Offenders Swamps Judges", 3/11/90) Cases are dealt with in an average of twenty minutes. Children should be seeing their probation officers once a month, but caseload pressure has made those visits less frequent, generally every sixty days.

Milwaukee Youth are Grossly Overrepresented in Wisconsin Juvenile Correctional Facilities:

- As of June 30, 1990, approximately half or 49% of the population at Ethan Allen and Wales Juvenile Correctional facility were from Milwaukee County. (Department of Health and Social Services, Division of Youth Services, "Residents in Wisconsin Juvenile Correctional Institutions on June 30", 1990).

- The racial makeup of youth in correctional facilities as of December, 1989 was 40% white, 48% African American, 4% Native American, 7% Hispanic and .1% Asian.

- 82% of incarcerated juveniles are between the ages of 15 and 17, 7.8% are age 18, 8.3% are age 14 and 1.9% are under age 14. (Department of Health and Social Services, Division of Youth Services, "Residents in Wisconsin Juvenile Correctional Institutions on June 30", 1990)

- In 1989, Milwaukee County paid a total of $15.5 million for care of all juveniles from Milwaukee County. $38,000 to 40,000 is spent annually on every Milwaukee County juvenile at a State correctional facility. (Milwaukee Journal, "State will be asked to pay for imprisoning juveniles",11/25/90)

By the time a poor child has reached their adolescent years, the manifestations of poverty have slowly accumulated and together pose intimidating challenges to a youth. Insufficient education, inability to retain employment, alcohol and drug use, delinquent behavior, gang activity and early motherhood are some of the more destructive consequences of poverty. These young adults are at significant risk of becoming a generation of individuals who will not possess the skills required to excel and improve their personal lot in life, nor will they have the ability to become a positive, productive, contributing adult in society.

THE DESTRUCTION OF HOPE

Hopes and Dreams Denied:

This report has been filled primarily with statistics that painfully depict the risks of poverty, and the insurmountable hurdles they often pose for children and their families. One cannot completely understand the effects of poverty without recognizing the slow but sure disintegration of hopes and aspirations for a fulfilling life.

> **"Poverty robs many children of their childhood. It threatens their health and long term prospects and exposes them to daily levels of stress and violence that most of us would find unbearable... A poverty of hope afflicts every child who feels unwanted and unvalued, whose customary experiences are of rejection and failure. For these children, failure is a vicious cycle that begins early and convinces them that competence and achievement are beyond their reach."** (National Commission on Children, Beyond Rhetoric, pp. 4-6)

Hopelessness and despair permeate the everyday life of a poor child. The most telling way of understanding the effects of poverty is to listen to what poor people say about being poor. The following is a quote from a rural poor mother in Wisconsin describing how poverty emotionally affects her children.

> **'I am discriminated against by those people who are not informed of what living like this is all about, what it does to your pride and your ability to get out of it. My kids have been more affected by it than I have. I tolerate a lot of sneers and remarks because I know I have to do this in order to do something better in the future. But the kids are the ones that suffer the most.'** (Wisconsin Nutrition Project, 1991, Voices of the Poor. A Study of Non Urban Poor, p.14)

The quote of a homeless 12 year old homeless boy, also rings of the despair poor children feel. When asked what he would do when he grew up, he replied;

> **"I'll do nothing, just sit around, if I have a place to sit around at, if I'm not dead."** (Stanford University Press, Stanford University News Press Courtyard, "Homeless News", 11/13/91, Stanford, CA., p.3)

This 'poverty of hope' also makes the involvement of impoverished youth in deviant, illicit and even life-threatening behavior a more viable option. This fact is painfully evident in the words of a present gang member in Milwaukee.

> **'Man, people going to do whatever it takes to make that dollar. If I can't find work, I'm going to turn to the streets to make it. The money in the streets is drugs and nobody can make it without control. That's why the gangs are important. Nobody wants to fight and carry around guns, always watching over your shoulder. But it is the only way to do it. You have to watch out or you're going to be in a body bag...If there was a job I could get that would make me enough money, I'd be there. This isn't how I want to live, but I'm going to do whatever I can to make it.'** (*Shepard Express*, "Struggling for Identity", February 6-13, 1992)

These words of impoverished youth should make us all shudder. It moves us to seriously consider how can we begin improve the predicament of our children? As Jonothan Kozol has often noted should it be so strange to suggest that money is the answer to poverty? Clearly economics are one of the major forces at the heart of childhood poverty. In order to fully understand the extent and nature of childhood poverty in Milwaukee, it is important to understand the national and local structural changes that have accompanied the increase in childhood poverty. A detailed discussion of these trends follows in Appendix A. We must also remember that children and families live in neighborhoods and communities that are struggling to cope with day to day challenges, such as securing adequate employment, avoiding violence outside their homes, and having enough resources to feed and clothe their families.

> **"While Los Angeles rioters exploded publicly on the streets, family mini-riots explode quietly behind**

the closed doors of overcrowded flats seething with joblessness, drugs and spiritual poverty."
(Reynolds, Barbara, "Throwaway Children Are Nation's Secret Scandal", USA Today, June 12, 1992)

SUMMARY AND CONCLUSION

This report has documented the numerous obstacles faced by poor children as they progress through life. Changes in structure of the economy and family over the last ten years have contributed to growing numbers of children who must face the hurdles caused by poverty. One does not have to look far to find the root causes of childhood poverty. **Children are poor because their families are poor.**

It is painfully clear that ignoring the plight of these poverty stricken children in Wisconsin is a risk we cannot afford to take. Failure to address the needs of our poor children today will only increase and exacerbate the human and economic costs to Wisconsin and the nation in the future.

The costs of inaction are overwhelming. In global terms, large numbers of poor children will result in an ill prepared labor force that will lack necessary skills to compete in the international economy. On a community level, a poor child may fall through the cracks and commit violent crimes to vent their frustration and anger at society. In human terms, we are allowing defenseless children to go to bed at night without enough food. All these costs are too expensive for our children.

STRATEGIES FOR CHANGE

One can view these problems in two basic ways: as individual problems with specialized solutions, or as multiple related problems that demand solutions within the entire family context. We conclude that the complicated and interrelated nature of family and child poverty requires a solution that empowers families to care for their children by assisting these families achieve economic self-sufficiency. A central component of financial empowerment is to provide jobs for parents that pay family sustaining wages. While this cannot happen overnight, steps need to be taken in this direction.

- Increasing support for family preservation programs that keep families together in a positive and healthy manner is preferable for families' mental and social well being and saves government financially in several ways.

- Increasing the minimum wage will provide jobs that enable families to better provide for their children.

- Increasing job training and educational opportunities for adults who lack job skills, and linking training with aggressive economic development efforts.

- Increase awareness and expansion of the Earned Income Tax Credit to increase spendable income for working poor families. After a two year study on the state of children in the United States, the 1991 National Commission on Children recommended a $1,000 tax exemption for each child as a means of strengthening family structure. (National Commission on Children, Beyond Rhetoric, 1991)

- Removing barriers and providing further incentives to women who are trying to get off AFDC through employment and educational opportunities.

It is important to recognize that support services for families will continue to be a necessary tool in helping families make the transition to work. Additionally, support services for children and increased opportunities for their social and educational growth will be needed.

- Providing quality and affordable child care for parents so they can work without worrying about the well being of their children. Child care must also be aware of and sensitive to the many different needs of children.

- Providing affordable and accessible preventive health care to promote the well-being of pregnant women, infants and children.

- Increasing and expanding quality educational opportunities for low income children. Strong educational skills will assist children in avoiding the poverty predicament of their parents.

Clearly, the loss of human potential caused by economic impoverishment of children is overwhelming. A child

A poor child is a member of a poor family.

whose thoughts, dreams and capabilities are squashed by poverty cannot contribute economically, politically, socially, culturally, or institutionally to the legacy of their own generation and future generations. If we are not moved by the growing tragedy of individual lives being destroyed, we cannot fail to see the staggering expense, economic and social, caused by the effects of poverty. This expense can be averted by an investment in our children today. Wisconsin and the nation's children are the future strength of the American economy. Not doing all we can to realize their social, economic and educational potential is not only damaging today; it will have severe implications for the nation's economic future. Without action, more and more children and families will continue to drown in the sea of poverty.

Appendix A

CHILDHOOD POVERTY IN A NATIONAL CONTEXT

There appear to be two major national, state and local trends which have profoundly affected the economic and social abilities of families to provide for their children, changing family structure and economic structural changes.

Changing Family Structure:

- More than 4 in 10 children under the age of six lived in low income families in 1989 (poor or near poor). (National Center for Children in Poverty, Five Million Children, an Update, January, 1992)

- The number of white two parent families has dropped from 90% to 75.4% between 1970 and 1988. The number of African American two parent families has dropped from 64% to 37.2%. (1990 Green Book, United States 101st Congress)

- The 1990 Census report finds that 16 million children live without their fathers, child support payments from absent fathers only helped only half of these children. Additionally, those mothers who receive payments are not receiving full payments. (*USA Today*, "Census Report: 16 Million Kids Live Without Dads", 10/11/91)

- 1990 Census data reveal that overall only 56% of households are headed by married couples. This is a decline of 16% since 1970. (The Milwaukee Journal, "Madison, Census Expert Lauds State for Leading Return of Forms", January 10, 1992)

Working is no guarantee that a family will avoid being one of the many poverty statistics. In 1990, a full-time, year round job paying minimum wage brought a family of three to 80% of the poverty line (Children's Defense Fund, An Opinion Makers Guide to Children in Election Year 1992). The dire economic straits of many working poor families was made painfully evident in The Social Development Commission's "Crisis of the Working Poor in Milwaukee". National statistics reveal that:

- A majority of poor families have at least one family member working. In 1989, close to 2 in 3 poor families had at least one employed family member. (Social Development Commission, Crisis of the Working Poor, October, 1990)

- The majority of poor children under age six have one working parent.

- "In 1987, 3.4 million families or about half of all poor families had at least one member in the labor force most of the year." (Crisis of the Working Poor , October 1990)

- Poor working families as well as poor families who do not work may have more difficulty securing insurance because employers do not provide insurance and the cost for private insurance is exorbitant.

National Economic Trends:

In the last ten years the national economy has seen a shift in employment away from manufacturing to service sector jobs. The new jobs that have been created pay less and afford fewer benefits than the traditional manufacturing industry jobs. In addition, inflation continues to outgrow the wages or government benefits of individuals and families. (Social Development Commission, Crisis of the Working Poor Report, October 1990)

At the same time as more families have fallen apart and the American economy has tightened its belt on wages and benefits, a parallel trend has occurred in the distribution of federal benefits. Dramatic spending cuts for social service programs profoundly affected children more than any other group. Federal programs have been cut and those that continue to exist are not adequately serving the needed populations. The decline in the welfare of children coincides with the changing sentiments of the American voter; i.e., increased fiscal conservatism spurred by the Reagan era and the resulting changes in the distribution of benefits. **This era saw a $10 billion cut in spending for programs that**

assist and protect poor children and families. (Kappan Special Report, 1990)

Programs essential to the well being of children saw changes and severe cutbacks.

- Nationally, AFDC benefits have fallen 27% in real terms over the last 29 years (1990 Green Book, United States 101st Congress) which leaves families well below the poverty line.

Many have argued that Wisconsin is a magnet state for welfare, yet it is one of 13 states that has seen the combined benefits of AFDC and food stamps decline in real terms between 1960 and 1988. (1990 Green Book, United States 101st Congress)

- Ability to secure decent housing is also very difficult with limited AFDC benefits.

New laws passed in 1981 made it much more difficult for a parent to supplement benefits with employment income. Fear of losing needed health care and child care benefits is one concern. Increasingly, the jobs available pay less than monthly stipends on AFDC. Moving off welfare often means a decrease in an already low, standard of living.

Simply having enough food to eat continues to be a critical concern for poor families. According to the Children's Defense Fund "food stamp benefits remain too low to help families eliminate hunger or meet basic nutritional needs." (Children's Defense Fund, State of America's Children, 1991, p.27) The U.S. Department of Agriculture recently announced that as of October 30, 1991, food stamps were used by almost 1 in 10 families. Three million additional persons utilized the food stamp program in the last year. (The Milwaukee Journal, "U.S. Economy: Food Stamp Enrollment Soars to Record Levels", 10/30/91) This is largely due to the spending cuts made in the early 1980s. The Food Research Action Center's recent study on hunger confirms child advocate's worst fears. Hunger continues to be a growing problem for many children, particularly the most vulnerable children - those under the age of six.

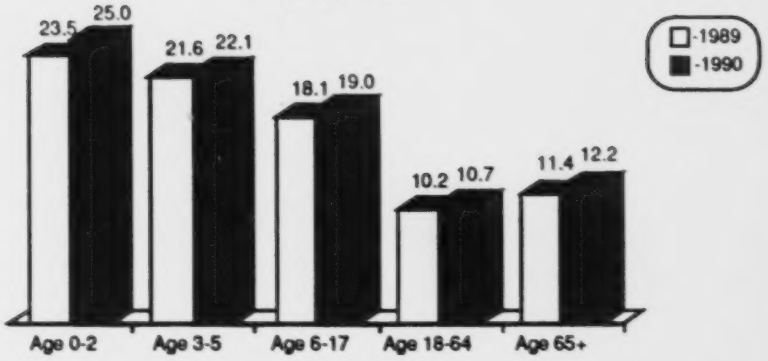
Securing health care for children has also become extremely difficult for young families. Medicaid benefits serve 400,000 fewer people than a decade ago yet more children are in need of services.

Just how many children and what kinds of children are poor is overwhelming. The population of American children living in poverty continues to grow in number and diversity. Over the last three decades, the rates of childhood poverty have experienced;

- dropped between 1959 and 1969, from 26% to 14%.
- increased in the 1970s, from 14-18%.
- dramatically increased from 1979 to 1984, from 18% to 26%.

From 1984 to 1989, there was a small dip, from 26% to 19.6%. In 1990, the number of poor children jumped, **from 19.6% to 20.6% in 1990, translating to 13.4 million children living in poverty.** (Children's Defense Fund, "CDF Reports", November 1991) The poverty rates for all age groups continues to climb upward, but the largest increases are seen in the youngest age group, 0-2 year old children. The 1990 poverty rates by all age groups were as follows:

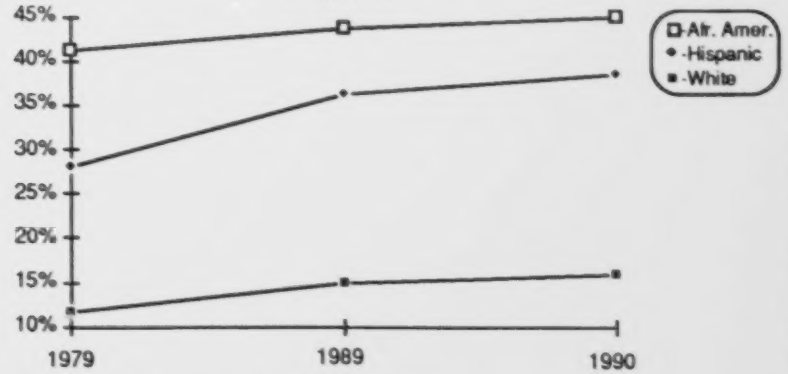
Percentage of Population Under the Poverty Rate by Age Groups



Source: The Children's Defense Fund, 1991

Minority children are overrepresented in the ranks of America's growing population of poor children, between 1979 and 1989:

Percentage of Population Under the Poverty Rate by Race



Source: The Children's Defense Fund, 1991

Poverty of minority youth will continue to be a difficult problem because minority youth are the fastest growing segment of the child population. In 1990, minorities comprised 31% of the child population. This percentage is expected to grow to 34% by the year 2,000 and reach 38% by 2,010. (*American Demographics*, June, 1991)

Where poor children live is also changing. The poverty rates for urban, central city areas continue to be the highest, (30.5%), yet the poverty rates for both rural areas (22.9%) and suburban areas (13.3%) are significant.

Recent studies indicate that childhood poverty is not only a problem for central city, African American families, headed by a females and receiving Aid To Families with Dependent Children (AFDC). Suburban child poverty is presently the smallest portion of the poverty population. However, suburban children now comprise the fastest growing segment of the child poverty population with 25% of all poor children lived in suburbs in 1990. It is important to remember that the suburban population has exploded over the last twenty years and today 48% of the population resides in suburbs, while only 29% of individuals reside in cities. The rise in suburban childhood poverty is closely linked to the substantial growth in the total suburban population living there. (Children's Defense Fund, in *Wisconsin State Journal*, 6/03/91)

Being employed does not insure that one will escape childhood poverty, in fact most poor families have employed adults. In 1989, almost 2 in 3 poor families had one family member who was employed. (Children's Defense Fund, State of Americas Children, 1991) Clearly the data show that childhood poverty knows no racial, cultural or geographic boundaries and continues to grow more rapidly than other group in today's society.

Poverty has also become more of a chronic situation for families as opposed to a temporary state of affairs. A recent Brookings Institute national study observed that those who are in poverty have become more firmly entrenched. (The Milwaukee Journal, 4/16/91) The children in these families are the persons who pay the highest price for the changing fortunes of their parents, particularly African American children. A 1985 University of Michigan Study that looked at poverty populations over time found that almost 90% of

African American children were defined as long term poor (poverty lasts for ten or more years of their childhood). White children made up 75% of the population of short term poor, defined as one to four years in poverty . It was also found that on average, **African American children spend over one third or 5.8 years of their childhood in poverty, for white children, time spent in poverty is 5% of their childhood or .8 years.** (Green Book, 1990, pp. 950-951)

The Children's Defense Fund poses some fundamental questions about our nation's priorities with respect to children.

> **"When are we going to mobilize and send troops to fight for the 'lifestyle' of the 100,000 American children who are homeless each night, to fight for the 'standard of living' of thousands of young families who have lost 24 percent of their earning capacity since 1973 and who are struggling to buy homes, pay off college loans, find and afford child care? Where are the leaders coming to the rescue of millions of poor working families fighting to hold their fragile households on declining wages, or to protect the pocketbook of one in eight families headed by a working single mother - 29 percent of who are poor?"**
> (Children's Defense Fund, State of Americas Children, 1991, p.6)

THE IMPACT OF NATIONAL TRENDS ON WISCONSIN AND MILWAUKEE

Wisconsin families, particularly children and families in Milwaukee, are not immune from the national trends in growing poverty, family disintegration and damaging economic trends.

Over the last decade:

- the total state population in poverty grew by 11%;
- the number of individuals in poverty in the City of Milwaukee grew from 85,583 (13.8%) to 135,583 or 22% of the population. (1990 United States Census)

State and Local Economic Trends:

The national trends of job creation at lower wages has had a definitive impact on Wisconsin families. Between 1979 and 1988, 73% of the jobs created in Wisconsin were low wage, service sector jobs that paid less than $241 a week. (SDC, Crisis of the Working Poor, December, 1990) In the last decade, well paying, manufacturing jobs left the city in record numbers, from 220,200 jobs in 1979 to 173,400 in 1990. This contributed to a dramatic rise in the black unemployment rate from, an already high 17% rate to a 20.1% rate in 1989, one of the highest in the nation. During the same time period, Milwaukee's white population fared better by taking on many of the newly created non-manufacturing sector jobs and enjoyed a drop in unemployment from 5.3% in 1980 to 3.8% in 1989. (The New York Times, "How Milwaukee Boomed But Left Its Blacks Behind", March 19, 1991)

The decrease in well paying jobs has been accompanied by a decrease in the median family income in the City of Milwaukee, from $33,079 in 1980 to $28,292 in 1990, almost a 15% decrease. (1990 United States Census)

Family Trends

The growth in the number Aid For Dependent Children (AFDC) recipients in Milwaukee is another indicator of a weak economy:

- Between 1980 and 1990, the number of AFDC recipients increased 20.2%, from 79,929 to 100,139. (Milwaukee County Department of Social Services (DSS), "Facts and Figures", 1980 and 1990)
- As of June, 1991, 11.4% of residents in Milwaukee County were AFDC recipients. In the central city zip codes (53204, 05, 06, 08, 10 and 12) the percentage of AFDC recipients is substantially higher, 37.5%. (Department of Health and Social Services (DHSS)Demographic Services, October, 1991)

Despite the changing economy and growing dependance on AFDC, benefits have decreased in the last ten years. AFDC benefits were decreased by 6% by the state and frozen for four years resulting in a net loss of 25% of recipient's cash purchasing power. (DHSS Demographic Services, October, 1991) The increasing number of households headed by one parent, particularly females, has also contributed to the growing numbers of poor children.

Single parents comprise a growing share of families, for example, **In Wisconsin:**

- between 1970 and 1988, the percentage of infants born to single mothers increased from 8.6% to 20.7% (DHSS Division of Health, Healthier People in Wisconsin, January, 1990.); and,
- children in single parent families increased by 60% since between 1960 and 1987 (Public Policy Forum, Newsletter, 10/19/87)

In Milwaukee:

- **the number of female, single parent households has increased by 72% over the last decade.** (Public Policy Forum, 2020 Newsletter, 1991)

Although single parenthood alone is not a predictor of poverty, research shows that single parent families are more likely to live in poverty than two parent households. In 1990, 42,000 Milwaukee households received some form of public assistance, a 9% increase over 1988. Women and children accounted for 8 of 10 persons fed by Milwaukee area food pantries. The total number served by food pantries in 1990 was 33,000. (AT ISSUE: Children and Families, Public Policy Forum, Vol. 75, No. 5, September 19, 1987,p.4.)

Not only single parents have been victims of a weak economy:

- The number of African American families in poverty grew by 10%, from 28% to 38%, largely due to significant losses in family income, and significantly high minority unemployment, particularly in Milwaukee.
- The number of families with poor children in Wisconsin more than tripled, from 20,500 in 1980 to 79,490 in 1990, 12% of the state population. (1990 U.S. Census)
- **Greater than one in three families** with children younger than age five lived below the poverty level in Milwaukee. (1990 U.S. Census)

As Wisconsin families have floundered economically, their children have paid an expensive price tag.

- *The rate of childhood poverty in Wisconsin has increased by 54% between 1979 and 1987* . (Center for the Study of Social Policy, Kids Count Data Book, 1991)
- In 1988, nearly one in ten white children and four in ten African American Wisconsin children lived in poverty. (Children's Defense Fund, The State of America's Children, 1991)
- In 1990, 184,427 or 14.6% of children in Wisconsin under age 18 were poor. (1990 United States Census)

Milwaukee's children have become more racially and ethnically diverse and more impoverished. The number of children, ages 0-18 in the City of Milwaukee in 1990 was 172,205. The racial breakdown for youths was as follows: whites-45.2%, African Americans-45.2%, Hispanics- 9.9%, Asians-2.8%, Native Americans- 1.3%, and other - 5.5%. (1990 United States Census) This represents a small growth in the youth population since 1980 when white children were 58% of the population, African American children were only 36.5% of the population, Asians - .6%, Native Americans - 1.3%, and other-3.7%.

- In Milwaukee County, 66,384 children or 27.5% of the population were defined as living in poverty in 1990.
- Poor children are heavily concentrated in the City of Milwaukee, where 63,223 children, or 38% of children are defined as living in poverty. (1990 U.S. Census)

A poor child is a member of a poor family.

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